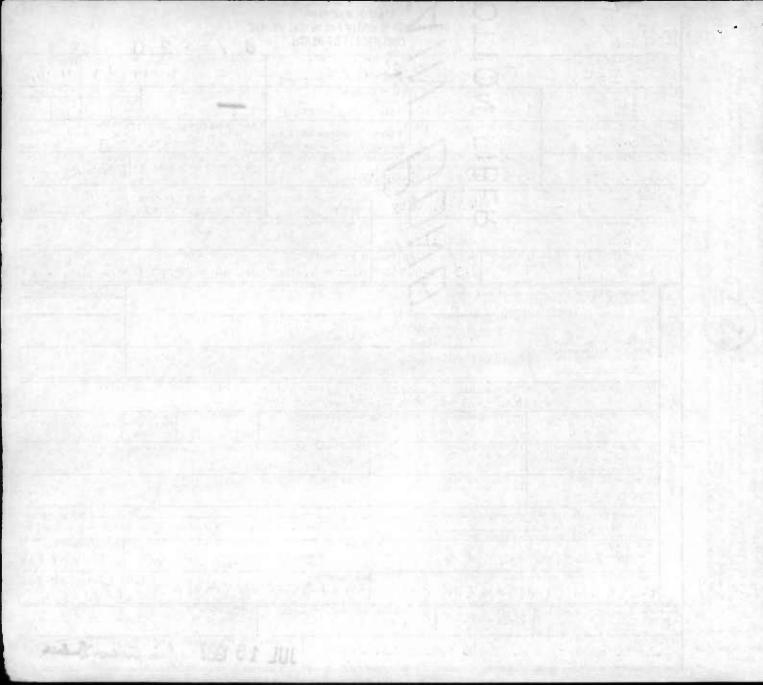
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6 1 4 0 3 JUL	lan	698		DEPAR		OF MARYLAND EALTH AND MENTAL HYGI	ENE			
	30	## ATE			CERTIF	CATE OF DEATH	3 / REG. NO	2 0	U	9
. m=	1 DE	OR PRINT H. Me	1	MIDDLE	Di	AST	26. DATE OF DEATH	MONTH DAY		26 HOUR
oy be			IVIN II. RACE	kkx	Kacli	man	6 AGE (IN YEARS LAST BIRT	7 26	NDER I YEAR	IF UNDER 74 HRS
ge 4 mc rector p	3. SE.	Male	Can	casiar	MONTH	24 05	18	YRS	THS DAYS	HOURS MIN.
Pour in 72 hours at once.	7a 8i	RTHPLACE (STATE OR FOREIGN COUNTRY) NEBRASKA	76. CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE		BALTIMORE CITY O		DEATH	WC
by the further of the		BALTIMORE	(IF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS]	ROTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOSTO	F WORKING LIFE ! !	MEDIC	BUSINESS OR
filled in hould be	13e. S	AL RESIDENCE (IF NURSING HOME)	E OR OTHER INSTITUTION	136 CITY OR TO	WN	YES NO			apt ane	T. 601 2/2/5
ompletely and 2 s	14 F/	ATHER'S NAME FIRST  JOHN	MIDDLE	RADMAN		IS MOTHER'S MAIDEN NAM FIRST EVA	WIDDLE			KNOWN
n ond co		YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)  I I - ARMY	220-4	19859	ALTEEARADMAN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3601 CLARK			1 (21215)
, that the death certifical day the atteoding physician remove cortion pay ut, cremation, at remove or other traumatic events.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C  DUE TO, C  DUE TO, C  (c)	OR AS A CONSEQUENCE OF A CONSEQU	UENCE OF	monary A	rrest			MATÉ INTÉRVAL NSET AMO DEATH
on the separate of the separat	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES, WI	ERE FINDING	GS USED
The state of the s		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCURR				
G Pressing and management of the fault of th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY		21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TTENDIN potal or CTOR, Ab for size of of Health	13	22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	on	19.		od that in (my) (our) opinion o	, to death occurred an the do	ote and hour and		hat (I) (we) lost auses stated
O HOSPITAL ENTRE NO HOSPITAL ENTRE NO FUNERAL DIRECT MANAGEMENT IN THE NAME OF TAXABLE NAME OF		226 PHYSICIANS NAME (15	Gyeni	9 H.D		ATTENDING PHYSICIAN 270 ADDRESS SINAI HOSPI			7/2	4/87
. BP	23a	BURIAL CREMATION, REMOVE BURIAL	AL 29 DATE 7/27/	200000		EMETERY OR CREMATORY TON CEMETERY	23d LOCATION CITY OF TOWN  RAITIMOD		OUNTY M-	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL 010 REISTERSTO	LEVINSON	& BROS.	INC	25a. DATI		TSb. REGISTRAR	(plan	Rudale

AND AND AND AND AND AND ADDRESS OF THE PARTY OF THE PARTY

		1		FOR Item 6 Fi	1m G629	SB		OF MARYLAND	CIFNE			
0.5	9.802	JU.	1-	IOK		e 7-15-87		EALTH AND MENTAL HY ICATE OF DEATH	B 7 REG. I	200	0.0	5 3
				CEASED NAME FIRST		WIDDIE	0 1	AST	20. DATE OF DEATH	MONTH DA		N HOUR
	moy be poge 3	10	ITYPE	ORPRINT) John	Fra	ncis	Ral	Rahll		7 14	67	11:10 AM
5	ge 4 mo) ector. po rs after d		3. SE	M	4 RACE	ogian	5 DATE C		6. AGE (IN YEARS LAST E	MC		HOURS MIN.
1	eoth. Pag nerol din	35		RTHPLACE (STATE OR FOREIGN COUNTRY) Balto. C.).	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED			OF DEATH	MD.
10		Donnied		ilto. City	JIF NOT IN SU	HOSPITAL, NURSII CHFACILITY, GIVE STREET AMATITAN	NG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Waiter		126 KIND OF E	Bros.
RYLAND 2120		mást be	13a S MI	AL RESIDENCE (IF NURSING HOME TATE 136 COI	OR OTHER INSTITUTION UNTY	Balto.	ity	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS	ZIP CODE Ave.,	Balto.	21206
MARYLA	mpletely	exomine	14_FA	THER'S NAME John	WIDDLE	Rahl1		15. MOTHER'S MAIDEN N  Clara	AME		LAST	
BALTIMORE, I	+ 0 - \	medicol	16a V	VAS DECEASED EVER IN U.S. A PES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	213-03-6		17. INFORMANT Harry L. Del		Raspe A	ve., Ba	1to. 2120
T., BALT	certificate b mg physicia bon adpers.	wint, the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse pe SED BY: ATE CAUSE (0)	r line for (o), (b), or	tole				BETWEEN ON	ATE INTERVAL
I W. PRESTON	the death	or other traded in		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	OR AS A CONSEOU DR AS A CONSEOU	an'i	Cardis m.	y ogathy.			
RDS, 201	requires on signed Then pli	injury, o	NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS C	entributing to	DEATH BUT	4 // ~ []	MINAL DISEASE OR CO	VDITION GIVE	N IN PART 110	
AL RECORDS,	NN: The law hysician. Icate has been ronsit permit. Hygiene prio	S Out	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO		WERE FINDING ING CAUSES OF	
OF VIT,	SICIAN: The physicic certificate unof-tronsitional hygis	989		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	21 1 OR PART 2)	WAS B
DIVISION OF VITAL	G PHY offendi	rked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211. LOCATION STREET	CITY OR	:OWN	COUNTY	STATE
٥	F. S.	l is mark		220. I certify that (I) (this has sow the deceased alive of	on	19	on.	d that in (my) (our) apinio	n death accurred on the			ot (I) (we) lost
	the hosp the hosp at DIRECT etached for the Dept. of	f. If Item 2		22b. SIGNAVURE	ar w	notter death.		DEGREE ATTENDING PHYSICIAN		AFF ./	226. DATE SIG	GNED 1/87
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached fourth the State Dept.	PORTAN		MELKON		AZAKIA	N	Good Sam		N. 2. P.	ol Lock	1 Marie
	P = 모습 > .	<u> </u>		urial, cremation, remova Trual	7-16-	87 Ge	NAME OF C	emetery or crematory of Faith	23d. LOCATION CITY OR TOWN	В	alto.,	MD state
	DHMH - 16 60M (VRA 15, 4)	7/84	Je Je	ohnamC. Miller,	Inc., 6	415 Belai	ir Rd.	21206 25a. D	L 15 1987	R 256 REGISTR	AR'S SIGNATUR	dallo



9.04	6 JIL -	hu	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MER CERTIFICATE OF DEA	NT AL HYGII	ENE REG. N		0 0	-3 1
			CEASED NAME FIRST		MIDDLE	LAST	·c	2a. DATE OF DEATH	MONTH D	AY YEAR	76. HOUR
e e	page 3	(TYP	SHIRLE	4		RAINES		and the state of	7/1	187	8 4 4
A O E	ofter d	3. SE		4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	ector irs of		EMALE	(A)HIT	E	4/29/	05	92	YRS.	ONTHS DAYS	HOURS MIN.
. P.	10 /D/	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MAR	RRIED -	BALTIMORE CITY	R COUNTY	OF DEATH	
deot	15 1		RUSSIA_	US	A		RCEÓ 🔲	BALT	0. (	177	MD.
fer	11 11-	10. 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHER INSTITU (DDRESS)		126 USUAL-OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI	ION OF WORKING LIFE	126. KIND O	F BUSINESS OR
ors o	11 72	(1	BALTO	>(N			ALTO	HOUSEWI	FE .	AT	HOME
24 ho	B B	130.	AL RESIDENCE (IF NUMSING HOME OF STATE BALT	IMORE		MTT.T. S 13d. INSIDE CITY	LIMITS?	STREET ADDRESS	ZIP CODE	TIA	CT/ZIII
vithir	2 sh	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S M.		E MIDDLE		LAS	. /
pe	and		SAMUEL		ISKIN	RAC			(	NKNO	WN
execu	Poges I	)	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	632-01-	24.0 8 HTAWA		RAINESSADDR COWINGS		T. C	117
e pe	cion ers. F I.		18. CAUSE OF DEATH (Enter or	lu ane cause ne		7-1-1					MATE INTERVAL ONSET AND DEATH
Hico	1000		PART I. DE ATH WAS CAUSE	D BY: TE CAUSE (o)	0.4	IAC ARK	EST			BEIWEEN	DNSET AND DEATH
1	0 0 0 0		IMMEDIA		R AS A CONSEQUE			STATE OF			
1			Canditions, if ony, which	(b)_		PHOMA				N MET	
1	1		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE				-6-1 F		
that	d by easter		underlying couse last.	(c)_							
Sejio	en de de	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	EATH BUT NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	
	1 . 9 2	CERTIFICATION	198. DATE OF OPERATION	TION CONIC	UTION FOR WHICH	OPERATION WAS PERFORM	IED.	20s AUTOPSY?	Jank IE VES	WERE FINDIN	IC C LICED
0	5121	일	THE DATE OF CIERRITOR	178. COIVE	MION FOR WHICH	OF ERATION WAS TERFORM			IN CERTIFY	ING CAUSES	OF DEATH?
4. th	dy dy d	H H	21a. ACCIDENT WAS UNDERLYING	21b. TIME C		21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU			140
CIAN	certificor priol-tron tentol Hy Item 18 1	A	OR CONTRIBUTING CAUSE OF DEA	in .	.M. MONTH DA .M.	Y YEAR					
HYSI	bori Mer	MEDICAL	214. INJURY OCCURRED	21e. PLACE	OF INJURY	211. LOCATION	1000				
offen	os the thought on the orked	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC ) STREET		CITY OR TO	)WN	COUNTY	STATE
10 ja	R: Af	150	220.1 certify that (1) (this haspi		ne deceased fram	6/2/	1987	_, to	1		that (I) (we) last
ATTER	for of H		saw the deceased alive an obove, (1) (we) did (did no	t) view the back	after death.	, and that in (my) (au	or) apinion de	eoth occurred an the d	ote and haur	and fram the	causes stated
OR of	Ched Ched Cept.		22b. SIGNATURE -	DI		DEGREE	ENIB IN CO.	MEDICAL		22c. DATE	SIGNED
TAL y th	deto deto		Heuras:	Shaw	khow	CCC PHY	SICIAN	MEDICAL STA		11/	1/87
OSPI ed b	FUNERAL ould be det th the State PORTANT:		d. PHYSICIAN'S NAME (TYPE C	R PRINT)		22e ADDRESS					, ,
O HC	Shoult with the MPO	-	I +H/YAO) -	HUMI	1E HAN 1	) NN	AI	7714204	42	F B	ALTO
		F 77.	DITUINI CREATATION DELLOVAL	I OOL PLATE	1 22. A	ALLE OF CELLETERY OR COL	ALATONIA	ETTALLOCATION!			

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL JULY 2,1987

23c NAME OF CEMETERY OR CREMATORY

CHEVRA AHAVAS CHESED

RANDALLSTOWN BALTO.

STATEMD

LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO - MD 21215 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

A 1 6 - FR 1 1 5	* 1544/A	520,2005
	15/ Ye1 / 1	7
		11 MAR 23 JUN 1
S. C. and policy of the State of State		al control (A)
	1 1 April 100 No.3	
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	A MUNANT	
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\$ 800KF   XX		
ETILA PLANTAMEN		
182 8 C	AUC COLUMN	

Page 4 may be

filled in by the funeral gold be filed within 72

CTATE OF MARYLAND

	LAND
PEPARTMENT OF HEALTH AN	MENTAL HYGIENE
CERTIFICATE OF	DEATH

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1		2	0	- (1)	")	6
1	REG. NO.	Eine.	U	U	Con	E.
	KEO. 140.		-7-2			

	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	IENE 8 /REG. N	, 2 C	0 (	2 2
1	I. DECEASED NAME FIRST (TYPE OR PRINT)  PETRO		DDLE		RAKAUSKAS	20 DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR 4525pm
-	remale	4. RACE Wh	nite	5. DATE C	0F BIRTH 1/02/57 YEAR	6 AGE (INYEARS LAST B	IRTHDAY) IF L	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Lithuania	76 CITIZEN OF W	S	WIDOWE			RE CITY		MD.
1	BALTIMORE CITY	(IF NOT IN SUCH	AGNES HO	SPITA	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Seamstr	OF WORKING LIFE)	INDUSTRY	ing Mfg.
2	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL		ive residence before 13c. CITY OR TOWI Baltimor		13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e STREET ADDRESS 2827 GE	RGETOWN	RD	21230
	14. FATHER'S NAME FIRST Jonas	MIDDLE	Barkai		15. MOTHER'S MAIDEN NA/ Marcele	MIDDLE		US	sas
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	217-34-3		Jonas Rakaus	skas, 2827		own Ro	ad
	gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	CONDITIONS COI		EATH BUT		IINAL DISEASE OR COI	NDITION GIVEN	IN PART I	0
	PART 2 OTHER SIGNIFICANT  Disclosers Me  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	llity, C	oronany	arter	y diseasey  N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED
4	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF	IN ILIPY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN		NO
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	A. MONTH DA A.	Y YEAR		TENIER MAIDRE OF INI	ORTHSTICM TO PART	TORPART2)	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	27a I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did a	n 07/0	4 19	,	nd that in (my) (our) opinion	death occurred on the	dote and hour a	nd from the	
	226 SIGNATURE Sabah (	i'al	atte		DEGREE MD, ATTENDING PHYSICIAN [	MEDICAL ST.	AFF ICIAN	071	104187
	22d. PHYSICIAN'S NAME (TYPE	A-AL	-Atto	~	St. ag	ves Ho	aprita	1.	
	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 236 DATE 7/7/87			EMETERY OR CREMATORY Park Cemetery	23d LOCATION CITY OF TOWN Baltimor		OUNTY	Maryland
	PULLAL  PARENT FUNERAL DIRECTOR  NAME  Hubbard Funeral		ADDRESS		21229 250 DAT	E REG 6 1987		PS6IGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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Agent by the little		
	17/20/15	
188 00 JU	J	

### STATE OF MARYLAND

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	REG. NO.				

127 J	טו 🛊	9 g	EOR TATE REGISTRAR		STATE OF MARYLAND  INT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	8 7 REG. NO.2	0 0 2 3
y be decit		(TYPE C	ASED NAME FIRST R PRINT)	MIDDLE	RANDALL	JUNE 25	1987 13P
rector, po		1. SEX	MALE	BIACK	S. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY)  WELLOTIN YRS.	IF UNDER I YEAR IF UNDER 24 HRS
death: P funeral d this 72 ha	5	CC	MARYLAND	L S A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT (MORE 1120 USUAL OCCUPATION	CTY M
nors offer of feed wi	-2	B	ACTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET, AD	OSPUTAL	(TYPE OF WORK FOR MOST OF WORKING I	
hin 24 ho fy filled: sheuld b	5	13a. ST	HER'S NAME	TOCKY BACTO	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP COL	AUE 2012
corned with	20	J. 160. W.	SRIAU AS DECEASED EVER IN U.S. ARM		ALL WENDY	DENIN &	SCOTT
Wilpon on dpen Pop wol	1	_		vane couse per line far (a), (b), and (b).	ATURET 1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
uiver that the death ingred by the attend on please remove co burnal, cremation, a tury, or other traumat			Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN  (c)  DIDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM		
e fow req in. has been permit. The me prior it	2	CERTIFICATION	N. DATE OF OPERATION	196 CONDITION FOR WHICH O		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
CLAN. The applying and from the fragility of the from the fragility of the	9	25.7	OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2}
othersting othersting the this on the burnt Med on Med on its	1	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTENDED by the hospital or RAL DIRECTOR, A described for use oute Deat of Health III is need to it is me.			220.1 certify that (1) (this haspite saw the deceased alive on obove, (1) (we) (did) (did not 220.5 STONATURE	view the body ofter death.	DEGREE	, to, to	that (I) (we) la
HOSPITAL med by the TUNERAL and be det the Stote ORTANT:			22d. PHYSICIAN'S NAME (TYPE OR	PRINTI C. CHAMZEA	120. ADDRESS	MISON RM	> BATURO
O HOSPITA Housed by 1 O FUNERAL hould be de with the Stott	1		1)0-1AL1)	( - C ( )			4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH MIDDLE 2a DATE OF DEATH MONTH PE OR PRINT 3. SEX & AGE LIN YEARS LAST BIRTHDAY YEAR STATE OR FOREIGN 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INITIAL TO THE ADMISSION)
130, STATE 13b, COUNTY 13 CTY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY 13- CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE W. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT ADDRESS narles APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), Joyand ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) (a Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 10 3- P.M. 198 ( IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending, physician and Campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban pages. I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremofian, or remoyal.

STATE OF MARYLAND

	1	FOR	DEPARTM	MENT OF HE	ALTH AND MENTAL HYG	IENE	1 1 3	
^		- STATE REGISTRAR		CERTIFI	CATE OF DEATH	8 / REG. NO	0 0 2 3	
		CEASED NAME FIRST	MIDDLE	LA	SŤ	20. DATE OF DEATH MON!	H DAY YEAR 26 HOUR	Dm
1.0	(TYPE	PORTI	4	RAN	MOLPH-	7	5 87 1:27	M
	3. SE		4. RACE	5. DATE O	FBIRTH	6 AGE (INTEASS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN	_
	1	FEMALE	BIACK	MONTH	20 30	6	VRS DATS HOURS MIN	
27 9	7a. 81	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9 -	* BALTIMORE CITY OR CO		
ou O	(	Mia.	USA	WIDOWE	NEVER MARRIED DIVORCED	BRITI	mage the	AD.
po	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME O		120 USUAL OCCUPATION	126 KIND OF BUSINGS O	-
\$ X		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)	Au)	TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	
be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	IN INCIDE CITY I INVEST	Lie CYPETT ADDRESS ( WID	21213	_
Som	100. 0	M.D.	BALTIM		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP	GILMORE ST	
niner	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		^	_
XOX		EROME	0	LPH	ANNET	MIDDLE	BECOAT	
0		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17. INFORMANT	ADDRESS	NAI C	
med /	(	YES, NO OR UNKNOWN) (IF YES, GIV	212-96-	9436	ANNETTE !	KANDOLDH 50	06 N. Gilmore St	
the		18 CAUSE OF DEATH (Enter on	ily one couse per line for 191, (b), And	dicy			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
vent		PART I. DEATH WAS CAUSE		Ann	00)			
o tic e		i i i i i i i i i i i i i i i i i i i	DUE TO, OR AS A CONSTOUE	MEDE	1			
Dumos Dumos		Conditions, if any, which	( 16) PUL	bron	ru Elena			
er tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COMSEQUE	NCE OF /	6 0	1 1		
roth		underlying couse last.	(c)	5/	Philingina	y Hyperten	na	
٥, ٧		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	OT RELATED TO THE TERM	MAL DISEASE OR CONDITIO	N GIVEN IN PART 11a	=
nlus	CERTIFICATION	Doun ter	deane Ay	anal	Defeit B	Almoray HT		
son	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WASHERFORMED		IF YES, WERE FINDINGS USED GERTIFYING CAUSES OF DEATH?	
200	E	V				YES NOL	YES NO	
00	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	Transport to the transport of the transp	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART ?)	
E	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
To p	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
rke	-	AT WORK NOT WHILE AT WORK	HA		MOT	NSURY		
is a			toi) attended the deceased from	6	7 19 87	, 10	, 19	st
121		saw the deceased alive an above, (1) (we) (did) (did no	t) view the body after death.	o, one	d that in (my) (our) opinion o	death occurred on the date or	nd hour and from the couses stated	
Hen		22b. SIGNATURE	n 4	D	EGREE		220 DATE SIGNED	
± = =		Mu D (	Muluca	W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/5/87	,
TAY		224 PHYSICIAN'S NAME TYPE O	R PRINT)		22e ADDRESS			
MPORTANT: If He		ERIC CA	ASTELLUCCI		UHINO	F MARY	LAND, BALT. 1	NI
≤		BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	of Charles	= [
		Burial	7-9-87	Eastv	iew Mem. P.	ark Baltim		ld.
7/84	24. FU	UNERAL DIRECTOR	ADDRESS		25a. DATI	E REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATURE	
		March Funeral	l Home 1101 F	. No	rth AvelUL	7 1087 Julia	Devideon-Randallo	

DHMH - 16 60M 7/84 (VRA 15, 4)

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEARIMEN	U	HEA	LIN	AND	MENIA	L
CI	ERT	IFIC	ATE	OF	DEATH	

FOR 1 - STATE R7 REGISTRAR		DEPARTA		ICATE OF	MENTAL HYG DEATH	IENE 7	REG. NO.	0	0.2	ò
I. DECEASED NAME FIRST		MIDDLE	L	AST		2a. DATE OF			DAY YEAR	26 HOUR
Fra	ink Jose	eph	R	lasinsk	ki	11 1		07-15		12:35pm
3. SEX	4. RACE		5. DATE C		YEAR	6. AGE INY	EARS LAST BIRTHE		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Male	Cauc	•	Mario	22	2 15		71	YRS		
IN BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D X NEVER	MARRIED -	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH	
Baltimore	USA	HOSPITAL, NURSIN	WIDOWE	-	ONORCED	12s USUAL C	Baltim	ore (	Gity	MD. OF BUSINESS OR
Baltimore	(IF NOT IN SUC	HEACILITY, GIVE STREET, OUNT NUTS	ADDRESS)		STITUTION	LIVE OF WORK	stor most of v gshore	VORKING LIFE MAN	INDUSTRY	OF BUSINESS OK
USUAL RESIDENCE (IF NURSING HOMI 138. STATE Maryland		GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMO	N	YES X	CITY LIMITS?		SO. A		§t./2	21231
HipoTite	MIDDLE Ras	sinski			phia	ME	MIDDLE	unkı	nown	st
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	217-03-		17 INFORM		asins	ADDRESS ki/31		2. Anr	1231 n St./
gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEQUE Carcinoma ONTRIBUTING TO D	of t					TION GIVE	EN IN PART 1:	a·
190. DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO		IN CERTIFY	, WERE FINDI	
	DEATH HOUR A.	FINJURY M. MONTH DA	AY YEAR	71c. HOW	INJURY OCCURR				L	110
TO CONTRIBUTING CAUSE OF CAUSE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	211. LOCAT	ION ET		CITY OR TOWN		COUNTY	STATE
22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	gn	19			, 19 y) (our) opinion (		d an the date			that (1) (we) last causes stated
22b. SIGNATURE	caralo.	ue/		VO.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	W 🗌		SIGNED
22d PHYSICIAN'S NAME (	PE OR PRINT)			22e. ADDRI	ESS			4		
230. BURIAL, CREMATION, REMOV	AL 236. DATE 7-18.			Rosai	CREMATORY	23d LOCA Ba		ore	CO. Ma	aryländ

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-tronsit permit. I with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 21 is morked or Item 18 shows ony

etained by the hospital or attending physician.

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 1 6 1987. Julie Freider Randelle

(VRA 15, 4)

#### STATE OF MARYLAND

				STATE OF MAKIL	ANU			
061138 Jul	28	FOR TATE	DE	PARTMENT OF HEALTH AND CERTIFICATE OF		NE O S		
		CEASED NAME FIRST	MIDDLE	CERTIFICATE OF		A DATE OF DEATH	MONTH DAY	YEAR 28 HOUR
oy be oge 3 deoth		OR RRINT)	el	Kaymo	nd	13 7	7/27/	87 12
moy be r. page tter deat	3. SE		4 RACE	S. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRT	HOAY IF UNDER	R LYEAR IF UNDER 24 HRS
oge 4		<i>F</i> :	20 0	2 25	09	78	YRS.	
9. 15. P.	1	RTHPLACE (STATE OR FOREIGN POUNTRY)	76 CITIZEN OF WHAT COU	MARRIED LI NEVER	MARRIED '	BAUPI	MUNE	
er dec	-	TY OR TOWN OF DEATH		NURSING HOME OR OTHER INS	STITUTION 1	20 USUAL OCCUPATION	ON 12b	KIND OF BUSINESS OR USTRY
S offs	1	brack.		MEDICAL CE	NICR	(TYRE OF WORK FOR MOST O	F WORKING (IFE) I INDI	USTRY
d be in d be	USU 13e	AL RESIDENCE (IF NURSING HOME		R TOWN 13d INSIDE		3.STREET ADDRESS	ZIP CODE	AKT 1210
hin 2, should should	14. F.	ATHER'S NAME	1Jakt	TIMONA YES 3	NO	5010010	NIN BY	21717
maker and with maker and with maker and with maker and and a maker		Oliver 1	MIDOLE /Serv	AST	WWK'	WIOOFE		LAST
Poges		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORM	ANT	ADDRE	SS	. 4
to be exe		NIV	2.4-1	5 /	VRY ICA	inong 1	228 W.	APPROXIMATE INTERVAL
physic physic pope novol rent, t		PART I. DEATH WAS CAU		Carelio P	uln	ronam	arres	ETWEEN ONSET AND DEATH
ding or rer		IMMED	DUE TO, OR AS A CON	NSEQUENCE OF	00		7.4	
PRESTON ne deoth co		Conditions, if ony, which gove rise to immediate	(b)	.2.	2/80	) `		
W. PI		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CON	NSEQUENCE OF	V		2 5	
y, or q		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTIF	NG TO DEATH BUT NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CONI	DITJON GIYEN IN P	PART IIo
RECORDS	10N	Sy	85.	Hoon	-	200 AUTOPSYS	- 0	FINDINGS USED
he le	CERTIFICATION	HA DATE OF OPERATION T	8/17 Gray	which operation was perf	leg.	YES NO NO		AUSES OF DEATH?
	CERT	210. ACCIDENT WAS UNDERLYING		ZIC HOW I	NJURY OCCURRE	D (ENTER NATURE OF INJUR		
SICIA ng ph certifi priol-ti entol	MEDICAL	OR CONTRIBUTING CAUSE OF	NER) P.M.	19		13.5		
DIVISION OF VIT NG PHYSICIAN: To ottending physic offer this certificate os the buriol-trons th and mental thy orked or frem 18 si	WED	ZId. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211. LOCAT STRE		CITY OR TO	wn cos	UNTY
O O O E		AT WORK AT WORK	spital) attended the pleceased	from 7/7/8	), 19	_, to	2 2/ 19	. that (It (we) lost
R ATTEN hospitol IRECTOR. hed for us ept of He tem 21 is			on	19 8 7, and that in (m)	/) (our) opinion de	eath occurred on the do		
OR he ho OR ORE OCHEO		22b. SIGNATURE	the range	DEGREE	ATTENDING _	MEDICAL STAI	FF	c. DATE SIGNED
PITAL by the VERAL Stote ANT:	-	224 PHYSICIAN'S NAME (TY	e de reints	224 ADDRE		DIRECTOR PHYSIC	IAN	/-
HOS bined FUN PORT		N.	Mi dy	1	. iben	ly 0%	cd ce	while
Sho oto To	230	BURIAL, CREMATION, REMOV	1	23c NAME OF CEMETERY OF	CREMATORY	232 LOCATION DITY OR TOWN	COUNT	TY STATE
BP	24 5	UNEAR PORRECTOR N	7/31/87	131310N	250 DATE	REC'D. BY REGISTRAR		NO
DHMH - 16 60M 7/84	["	Washall'	P. Houles (2	38 N Glina		2 9 1087	fina Deor	SIGNATURE dear

061138 JUL 29 87

E. Sunger Landenill

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#### STATE OF MARYLAND YGIENE

DEP	ART	MENT	OF	HE/	ALTH	AND	MENTAL	ŀ
		CE	RTI	FIC	ATE	OF	DEATH	

8 / REG. 1	10. 2	0	0	2	d
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
9526	170	25/	87	100	200
6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
00		MONTHS	DATS	HOURS	MIN.

3 SEX	4. RACE	3. DATE OF BIR	III
Female	white	MONTH 05	10 1098
BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED
Pennsulvania	USA	WIDOWED	DIVORCED
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OT	HER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

9 BALTIMORE CITY OR COUNTY OF DEATH IED D

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

Domestic

saltimore Ci	ty hatau	ette Souare	1
BUAL RESIDENCE HE NURS	SING HOME OF OTHER MOUNTAINS	13c CITY OR TOWN	1
hand a	THE RESERVE OF THE PARTY OF THE	I had I would de	

MIDDLE

LIF YES GIVE WAR OR DATES

3d. INSIDE CITY LIMITS? NO 5 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE MIDDLE Place

Mary	anu
14. FATHER'S N	AME
FII	RST
Wil	liam

LYES NO OR UNKNOWN

STATE A TREGISTRAR DECEASED NAME

Elizabeth

Stoddard 16h SOCIAL SECURITY NO

176-10-1565

17. INFORMANT

ADDRESS Maxine Quigy 2ndAvenue Johnsonburg, PA.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

DUE TO OR AS A CONSEQUENCE OF

Emma

Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.

IN DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOT

Homemaker

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

CERTIFICATION 21n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

MEDICAL 21d INTURY OCCURRED

P.M

211 LOCATION

NOT WHILE

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

COUNTY STATE

22h, SIGNATURE

220 Leertify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN

CITY OR TOWN

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT

22e. ADDRESS

KING WILLIAM DR: BALTO

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 7-29-87 23c. NAME OF CEMETERY OR CREMATORY Morning Side Cemetery

23d LOCATION DuBois, Clearfield, Pennsylvania

24 FUNERAL DIRECTOR

Upperco, MD.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

O FUNERAL Could be detoorth the State CAPORTANT: If

Marzullo Funeral Service

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	2	0	0	2	9
_			_			-

ASSESSED NO.		1	ESE .			STAT	E OF MARYLA	ND			
130	965	ALC :	FOR		DE	EPARTMENT OF H				0 0	0.0
001	000	TOP I	REGISTRAR			CERTIF	ICATE OF D	EATH	B REG. NO. 2	UU	4 9
	10	7	IDECEASED NAME	FIRST	MIDDLE		AST		20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR P
	oge 3	1111	TIPE ORPRINT	TAFT	Н.	RE	DD		JULY 31, 198	7	6:08m
	E D		3. SEX		4. RACE	5. DATE (			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	ge 4 ectoi irs of		MALE		BLACK	3 MONT	20	ĬĨ	76 <sub>YRS</sub>	NONING DAYS	MIN.
	oth. Po	3	F. (5)	E OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	XX NEVER M	ARRIED -	BALTIMORE CITY OR COUNTY	OF DEATH	
	Jeoth Junero	100	VA		U.S.A.	WIDOWI	DD DIV	ORCED _	BALTIMORE		MD.
	he fu	ffed	10. CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTI	ITUTION	126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND C	OF BUSINESS OR
201	by the	3	BALTIM		THE JOHNS		SHOSP	ITAL	RETIRED	RAIL	ROAD
MARYLAND 21201	hour ed in	7 6	130. STATE	136 COUN	OTHER INSTITUTION GIVE RESIDEN	ORTOWN	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS / ZIP CODE		
ANG	n 24 h Filled hoyld b		MD		BALT	0.	- 4	NO 🗌	13 STREET ADDRESS / ZIP CODE 1028 N. CASTLE S	TREET	21205
871	ad within	L	14. FATHER'S NAME		WIDDLE	AST	15. MOTHER'S		WE	ŁA!	ST
	o and o		JOSEPH			ĐD D	MAT				
BALTIMORE	New Year	Ö	(YES, NO OF UNKNOW			AL SECURITY NO.	17. INFORMAN		ADDRESS	DEET	
TIM	on on one	e medi	JF2		218-	-07-4059	HELEN	KEUU .	1028 N. CASTLE ST		
BAL	Cote	pt, the	18 CAUSE OF D	EATH (Enter or	lly one couse per line for (o) D BY:	, (b), and (c).	0 00	-+			ONSET AND DEATH
ST.	and	-			E CAUSE (o)	piratur	y arr	251		21	min
PRESTON ST.	deoth cert	4 53			DUE TO, OR AS A COI	NSEQUENCE OF	coule	· Ar	cident	7 11	sople
RES		2	Conditions, if gove rise to	immediate	(b)	ebrova:	schur	-10	agan	200	Jec. ()
` ≥	bot the	10	couse (o), underlying		DUE TO, OR AS A COI	NSEQUENCE OF	Spal	fe	ailure.	2u	reeks
201	gned I	ŏ	PART 2 OTHER	SIGNIFICANT	10)		NOT RELATED	TO THE TERM	INAL DISEASE OF CONDITION GIV	EN IN PART 1:	0
RDS,	o si do	-2.		naren	- 1. 1.	1 0		taboli		inem	
00	been re	ou's	190 DATE OF OF		196 CONDITION FOR				20a AUTOPSY? 208 IF YES	, WERE FINDI	NGS USED
VITAL RECORDS,	Pos Pos	3	NO DATE OF OR							S [	NO [
ZIV.	hysicio hysicio icote ronsit	88	21a. ACCIDENT W	CAUSE OF DE	- 1	TH DAY YEAR	21c. HOW INJ	JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2}	
. 0	HYSICIA ding pt is certifi buriol-ti	E /	OR CONTRIBUTING	MEDICAL EXAMINER	4111	19					
O.	PHY:		(IF EITHER NOTIFY 218. IN JURY OC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATIO	N	CITY OR TOWN	COUNTY	STATE
DIVISION OF	offer the	morked		OT WHILE						-	
	ENDING fol or o DR: After r use os r use os	E			to attended the deceased		LY	13 07	10 3/ 00-4	19 87	that ( we lost
	F 5 0 4		obove, (1)	ve) dig (did no	t) view the body after death	h. 19 07.0	nd that in (my) (	opinion i	death occurred on the date and hou	r and from the	couses stoted
	OR DIRE	# # #	DE BIONATUR		in W	1)	DEGREE MA DA	TTENDING _	MEDICAL STAFF	22c. DAT	71/01
	ITAL by the RAL RAL	Ž.	22d, PHYSICIAN	JOVI	wn	-	22e ADDRESS		MEDICAL STAFF DIRECTOR PHYSICIAN A  WOLFE ST.	BALTO	DIJOT
	OSP Sed be	PRTA	B 13 (	TO B ALM	Vale	1	TOU	214	HADILINS 11	PALLO	. MD. TAI 21205
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be deteched to	N N	I DEN	144141	10100	122 11445 05	100	142	TOPIC TO	WFI	171
			230. BURIAL, CREMAT (SPECIFY) BUR		236. DATE 8/7/87	23c. NAME OF C	ON FORE		OWINGS MILLS,	COUNTY	MDATE
	BP	_	24 FUNERAL DIRECTO		0///0/	T GAKK13	UN FURE			AR SON	TURE
	DHMH - 16 60/ (VRA 15,		WM. "C". MA		, INC. 1101 <sup>^</sup>	E. NORTH	AVE.	250 DAT	00 1901		

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## STATE OF MARYLAND

87 200 30

983	JUL		FOR TATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1) 200 30 CERTIFICATE OF DEATH REG. NO.								
			EASED NAME FIRST	WIDDLE	LAST		26 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
oy be		{ I YPE	WESLE	Υ	REE	.D		7	23 87	M		
poge er deo		3 SE)		4 RACE	5. DATE OF		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
ctor. p			MALE	BLACK	MONTH	07 1909	78	YRS	MONIHS DAYS	HOURS MIN.		
Pog dire	0		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	O DALTIMORE CITY	1110	TY OF DEATH			
nerol n 72	8		IRGINIA	U. S. A.	WIDOWED	_	BALTIMOR	E CITY		MD.		
y the fu	Ohfied		LT IMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  INTVERSITY HOSPITAL				126 USUAL OCCUPATION 125, KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
I in by	Pe	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRES		BA! TIMOR	RE MD.		
filled fulled	E C	130. S	RYLAND 136 COUN	BALTIMOR		YES MO O	1909 DUKE	LAND S	TREET	21216		
mpletely ord 2 sh	examine	14. FA	THER'S NAME FIRST	MIDDLE LAST	11	i. MOTHER'S MAIDEN N	AME		LAS	ST		
- Tobers	The Person of th		AS DECEASED EVER IN U.S. AR		RITY NO. 1	7. INFORMANT	ADI	DREBAL T	IMORE, A	4D .		
n ond o	medico	{1	es, noor unknown) (IF YES, GIV	222 ·03 ·7	711	CARRIE REED_	1909 DUKE		,	21216		
the death certificate	froumotic event, the		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF L	LMONAL A & R	24 FAI	REP	E BETWEEN	WASE INTÉRVAL ONSET AND DÉATH		
ned by th	y, or other		couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS, A CONSEQUE  (c) HASC  CONDITIONS CONTRIBUTING TO B		OT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION	GIVEN IN PART 1	0		
ogui	injury,	NO.	SEIZURE	Disorder	, C	Pt, LL	fremm	the s	18.			
has bee	Avo Smo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200. AUTOPSY?	IN CER	TIFYING CAUSES YES	NGS USED S OF DEATH?		
CIAN: T	Item 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	PIC HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM T	8 PART I OR PART 2)			
G PHYS offer this control of the burns of th	morked or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		II. LOCATION STREET	CITYO	RTOWN	COUNTY	STATE		
TENDIN or Use or	21 is mor		220.1 certify that (I) (this hospi sow the deceased alive on		10 3	that in (my) (our) opinio	, to	2-5 e dote and h		that (It (we) last causes stated		
y the hosp tal DIREC detached	AT: If Rem		22b. SIGNATURE	view the body after death.	ti	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [	22c. DATE	SIGNED +187		
O HOSPITAL etoined by the TO FUNERAL should be det	MPORTANT		A.C. ENR	4 Phe, MS	D		BEW	EDE	RE	21745		
BP	, \	(	URIAL, CREMATION, REMOVAL SPECIFY)  BURIAL	7/29/1987 AM		S MEM. PA	CITY OR TOWN	BAC	TIMORE,	MO.		
DHMH - 16 60 (VRA 15,		24 Ft 250	HETATERECTUNERAL I	HOME, INC. PKWY. BALTIMURE	, MD. 2		UL 28 198		ISTRAIR'S SIGNA	IURE		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, at other troumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the buffal-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

death. Page 4 may be 7 5 9 0

		FOR	
1	-	STATE	

# STATE OF MADVIAND

DEPARTMI		HEALTH			HYGIENE
	CERT	FICATE	OF	DEATH	

							KF 5. N	0.	e. E 3			
1,8	PEASED NAME COURT	tney 1/C	Brooke		AST	1	20. DATE OF DEATH	7-29-		YEA	2b - 120	25 A
	Baby	Girl (Co	ourchey)	Ree					-		-	25 A
3. SE		4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	HOURS	MIN.
1	Female	Whi	ite	7-	27-87			YRS.		2		
70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED (	9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
100	Maryland	U.S.A		WIDOWE	D D	IVORCED 🗌	Baltimo				i bu	MD.
	Baltimore	(IF NOT IN SUCE	HOSPITAL, NURSIN H FACILITY, GIVE STREET, SITY OF M	ADDRESS)			12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			USTRY	F BUSIN	ESS OR
					na nos	picai 1						
13a.	AL RESIDENCE (IF NURSING HOME OR STATE  Maryland  Rex	erick xuenk.	Bkaidens	nirg bukg	13d. INSIDE	NO [	12503 Wood	sboro	Pik	ce/	2175	9
14LE/	ATHER'S NAME	MIDDLE	1AST		15. MOTHER	S MAIDEN NAM				-		
1	Michael	WIDDLE	Reese		S	hawn	WIDDLE		S	mit	h	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECU			IRITY NO.	17. INFORM	ANT	ADDRI	ESS				
	YES NO OR UNKNOWN) (IF YES, GIV	t war or bales)			Benso	n M. Sil	lverman, M.	D.U.				
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per			- 43			700	В	APPROXI	MATE INTE	RVAL DEATH
	IMMEDIATE CAUSE (o) Respiratory Failure											
		DUE TO, OF	R AS A CONSEQUE	NCE OF								
	Conditions, if any, which	(b)	Hyaline	Memb	rane D	isease/F	Pulmonary I	nters	stial	Em	phys	ema
	gave rise to immediate cause (a), stoting the	DUE TO OF	R AS A CONSEQUE	NCE OF								
	underlying cause lost.	DOE TO, OF	Severe		turity							
	PART 2. OTHER SIGNIFICANT (	CONDITIONS CO				O TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN P	ART III	0 !	
NO	Gram Negati											
ATI	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20s AUTOPSY?		ES, WERE			
IFIC							YES INOI		IFYING C	AUSES	OF DEA	
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 216. TIME O	F INJURY		21c. HOW II	NJURY OCCURRI	ED (ENTER NATURE OF INJU		Same?	PART 21	140 [	
	OR CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH DA	AY YEAR			CD (Elviewing) CO 11130	at iit iie ii	, , , , , , , , , , , , , , , , , , , ,	-3117 227		
ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	211 LOCAT	ON!						
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	STREE		CITY OR TO	NWN	COL	YINI		STATE
	AT WORK AT WORK			9 09		LLLL A						
	220.1 certify that (1) this hospital attended the deceased from 7-27-87, 19, to 7-29, 19.87, that (1) we lost											
	saw the deceased alive on above, (1) we did (did no	t) view the bady	after death.	, ar	nd that in (my	our apinian d	leoth occurred an the d	ate ond ho	our ond fr	am the	couses st	ated
U	226 SIGNATURE	0 1			DEGREE				220	. DATE	SIGNED	
90	Bensu M.	Silver a	~	M	. D.	ATTENDING PHYSICIAN	MEDICAL STA			7-2	9-87	
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) ( 22e ADDRESS											
	Benson M. Si	lverman	M D		Univ	Of Md	Hosp. Div.	of I	Venna	tol	Oav	
230	BURIAL, CREMATION, REMOVAL			NAME OF C		CREMATORY	123d LOCATION	011	100110		<u> </u>	
	(SPECIFY)						CITY OR TOWN		COUNT	Υ 1		MD
20 F	Burial UNERAL DIRECTOR	8/3/87	/ Ha	ugh's	Cemet		Ladiesbur		rede		-	עויו
24.1	NAME	1	ADDRESS	D	2.00	AUG		jfuira	Dund	MA	anda	Lib.
	D. D. Hartz	ler	Union	Bridg	e. MD	AUG	100 0 001	U	4-		-	

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etely filled in by the funeral director. I 2 should be filed within 72 hours of

STATE OF MARYLAND								
DEP	ARTMENT	OF HEA	LTH AN	D MENTAL	HYGIENE			
	CE	DTIELC	ATE O	PEATH				

					SIAII	OF MAKILAND				
1	FOR STATE			DEPARTM	<b>RENT OF H</b>	EALTH AND MENTAL HYG	IENE			
	REGISTRAR				CERTIF	ICATE OF DEATH	8 /REG.	No 2	0 0	3 2
	CEASED NAME	FIRST		AIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	OR PRINT!			(	7.	0. 1	20. DATE OF BEATT	4.4		715
	L	-ois		9.	Rei	ghard		01	06 87	pra
3. SE	X	4. R.	ACE		5. DATE Ø		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
	Female		Whit		Dece	mber 13, 1915	71	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FO	OREIGN 76 C	CITIZEN OF V	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	Pennsyl		US		WIDOWE	D DIVORCED		nove C	ity	MD.
N C	altimore	1 F	VALLIS	Scott	LLY N	al lenter	12a USÚAL OCCUPA (TYPE OF WORK FOR MOS Housew	T OF WORKING LIF	E) INDUSTRY	Home
130. 3	AL RESIDENCE (IF NURSI STATE Maryland	13b. COUNTY		give residence before 13c. CITY OR TOW! Dunda	N.	134 INSIDE CITY LIMITS? YES NO TO	13e STREET ADDRES 113 Kins	s/zipcode hip Roa	ad Apt	1-A 21222
14. F/	ATHER'S NAME	****		1.067		15. MOTHER'S MAIDEN NAM				
)	Joseph	P.	LE	Mille:	r	Bertha	E.		Gouc	hnour
	WAS DECEASED EVER			16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADD	RESS	100	
	AE NO OB NUKNOMU)	(IF YES, GIVE WA	K OR DATES)	216-24-3	1919	Elmer R. Re:	ighard Sa	me as 1	13e.	
	18. CAUSE OF DEATH PART 1. DEATH WA	I (Enter only or AS CAUSED BY IMMEDIATE CA	':	Woln	Avre	st			BETWEEN	(MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF FAI WE  DUE TO, OR AS A CONSEQUENCE OF PAULUM FIX CANCINGMA.									
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	NGS USED S OF DEATH?
	210. ACCIDENT WAS UND		216. TIME OF		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	HURY IN ITEM TO P	ART 1 OR PART 2)	
N N	(IF EITHER NOTIFY MEDIC		P.A	Μ.	19					
MEDICAL	214 INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR		21e. PLACE ( (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION	CITY OR	IOWN	COUNTY	STATE
200	220.1 certify that (I) sow the decease obove, (I) (we) fd	(this hospital)	July	6th 19 6		d that in (my) (our) opinion of	to Jul	dote and hou		
	M	ut	Carryp	MIL		ND ATTENDING PHYSICIAN	MEDICAL ST	AFF	7	14/87
	224 PHYSICIANS NA	ME (TYPE OR PRIN	-1-11			FSK Media	al Center,	Easle	v Are.	Bulto, MD.
	BURIAL, CREMATION, F	REMOVAL 2	h. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	(SPECIFY) Buria	1	7-9-	87 I	Bel A:	ir Memorial Go	drs. Bel	Air, Ma	aryland	JAIE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR hould be detach of the State De MPORTANT # 8

74 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 20033

Z	15	• STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	1 DECEASED NAME FIRST (TYPE OR PRINT)			AIDDLE	l	AST	20. DATE OF DEATH		2 14	2b HOUR
		Thomas	J	oseph	Re	illy, Jr.	July 8, 1	.987		1 5 m
Ч	3 SEX	x	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS.
	M	lale	White		Sept	. 20, 1905	81	YRS.	MOINTS DATS	NOOKS MIN,
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		OFDEATH	
0		aryland	U.S.A.		WIDOWE		Baltimore	City		MD.
-	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF		12b. KIND OF	F BUSINESS OR
65		altimore	7311 H	arford	Road 2	1234	Area Service			utomobil
2	13a. S	AL RESIDENCE (IF NURSING HOME OR		13c. CITY OR		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
		laryland		Baltin	nore	YES 🔼 NO 🗌	7311 Hari	ord R	load 21	234
	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST	
	T			Reil	ly	Bertha			Gri	ng
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI	SS		
		O	216-0	5-0688	Mrs. Genev	ieve Reilly	same	as 13e		
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for Jan, 16	oi, and igni	· 0	0		APPROXIA BETWEEN O	AATE INTERVAL
		PART 1. DEATH WAS CAUSE	D BY: TE CAUSE (o)	Cer	chust	Than	ntibes		36	hours
1		Mines		AS A CONS	EQUENCE OF					
		Conditions, if ony, which	( tb)	RAS A CONS	EGOENCE OF					
		gove rise to immediate couse (a), stating the			50050165.05	THE PERSON OF				
		underlying couse lost.	DUE TO, OI	R AS A CONS	EQUENCE OF					
ŀ	100	PART 2 QTHER SIGNIFICANT (	ONDITIONS	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	/FN IN-PART Lia	
	Z O	Disheton	1 7	Zana Z	- 10	Kerosclerot	20	rebral	npairmen	
1	CERTIFICATION	190 DATE OF OPERATION	TION FOR W	HICH OPERATIO	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED			GS USED		
7	IFIC					YES T NOT	FYING CAUSES (	NG CAUSES OF DEATH?		
-	ERT	21a, ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
g		OR CONTRIBUTING CAUSE OF DE	5113		DAY YEAR	VICTOR INC.				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE		19	211 LOCATION				
	ME	WHILE NOT WHILE			FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
					10	15 8	2 July	8	80	
		220.1 certify that (I) (this hospit sow the deceased alive on	Closel	015		nd that in (my) (our opinion	dooth assured on the	ato and have		hot (l) lost
		obove, (1) (we (did (did no	t) view the body	ofter death.	, 01	DEGREE	- acom occorred on me di	one one noo		
		120. SIGNATURE	. //.	()	n	ATTENDING	MEDICAL STA		22c. DATE S	A /OO
		PHYSICIAN X DIRE						IAN 🗌	1///	0/8/
		22 PHYSICIAN'S NAME (TYPE C	h	W.D.		22e ADDRESS	- C1	. 7		
		Worth B. Dani		M.D.		<u> </u>	se Street E	altim	ore, Ma	ryland
	23a. B	BURIAL, CREMATION, REMOVAL BURIAL		1005		EMETERY OR CREMATORY			COUNTY	STATE
			07/11/	1987	Moreland	l Mem. Pk.			laryland	
	24. FU	UNERAL DIRECTOR		ADDR	ESS _	250 DA	TE REC'D, BY REGISTRAR	25 REGIST	TRAK'S SIGNATI	Brown
		Leonard J. Ruci	k, Inc.	Baltim	ore, Man	ryland	T TO BOLL	U		

Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any

C U U S THEY STEEM.	•, 1	dianol	2.00	0.77
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ell so eros villet ovel	Mes. Godev	8830-00-319		0.4
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			A HILL	
Short, 10, 1005 94  [Baltimore Circ  Tord load Sirvi  Palitimore Augustion Augustion Augustion Augustion at Sirvi  [Billy Nexthe Observed Street Conserved Stre	.0.8 .0	telaling.	H (1707	
feetvenil , stock find	d see. In.	allerox 7801\1	1/10	farent

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deoth. Page 4

funeral director, page 3 ithin 72 hours after death

### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CF	RTI	FICATE	OF	DEATH	

1.	- STATE		DEPARIM		TEALTH AND MENTAL HTG	PIENE			
13	REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG.	NO. 2 1	0 3	4
	CEASED NAME FIRST	To the second	MIDDLE	1	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
(119)	CATA	LERINE	Margaret	RO	SINHART	7/9/87	4 7 18	9-4	ODTO AM
3. SE		4 RACE		5. DATE C	. 1/0 1/ / / /	6 AGE (IN YEARS LAST E	SIRTHDAY) IF		F UNDER 24 HRS
	Female	Car	white	MONT	OAY YEAR	-	MOR	THS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	Th CITUZENI OF	WHAT COUNTRY?	8	20 10	9. BALTIMORE CITY	OP COUNTY OF	DEATH	
	COUNTRY)				D NEVER MARRIED	1 0		DEATH	
10.0	Maryland ITY OR TOWN OF DEATH	USZ		WIDOWE		MALTO.			MD.
10 C		(IF NOT IN SUC	H FACILITY, GIVE STREET A	DORESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY &	BUSINESS OR
	Baltimore				Medical Cente	r Reti	red - Ra	leighs	Seamstre
13a.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7 IP CODE		
F.,		altimore	Baltimo		YES NO X	503 S. 45		21224	4
14 F	ATHER'S NAME			P	15. MOTHER'S MAIDEN NA				
	Joseph	WIDDIE	Lang		Anna	WIDDLE		Fis	har
160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUE	ON YIIS	17 INFORMANT	ADD	RESS	115	HEL
	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)				D 1 1			
	No		212-28-93	346	Kenneth J.	Reinhart	same a		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per						BFTWEEN ON	SET AND GEATH
-		ATE CAUSE (0)	RESPIRA	101	24 FAILU	RE			
		DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if ony, which	( (b)_	SEPTIC	12	HOCK				
-1.4	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF		POLICE VI			
	underlying couse lost.	10,0	K AS A CONSECUE	ACE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	
Z	SEVERE								
CERTIFICATION	190 DATE OF OPERATION	JEPRI 19b. COND		FO R	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDING	S USED
F	Visit of the last							IG CAUSES O	
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	E INTITION		21c. HOW INJURY OCCUR	YES NOL	YES [	_/	NO 🗆
	OR CONTRIBUTING CAUSE OF D		M. MONTH DA	Y YEAR	The HOW HAJORI OCCUR	LENIER NATURE OF IN	JUNE IN HEM 18 PART	ORPARIZI	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		M.	19					
4ED	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC )	21f. LOCATION STREET	CITY OR	OWN	COUNTY	STATE
_	WHILE NOT WHILE AT WORK								
	22a.1 certify that (1) (this has	pitol) ottended th	e deceosed from	7/8	19 49 3	-, to 7	19.	87, the	ot (I) (we) lost
	sow the deceased alive a above, (1) (we) (did) (did r	in	19	. 01	nd that in (my) (our) opinion	death occurred on the	dote and hour or		
	22b. SIGNATURE	not) view the body	offer death.		DEGREE			22c. DATE SI	GNED
-	11. 1	0 1			ATTENDING		AFF \	12/0	100
	22d. PHYSICIAN'S NAME (TYPE	CO PRINT)	7	-	PHYSICIAN [	DIRECTOR PHYS	ICIAN XI	1 1 -1	9
- 3	1 /1 .								
	1 0 JODO P		IMA		FRANCIS	SCOTT KI	EY ME	DICALO	CENTER
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	r	OUNTY	STATE
	Burial	7-13	3-87 C	ak L	awn	Balt:	imore -M		_
24. F	UNERAL DIRECTOR Duda-	Ruck Fur	neral Home	of	Dundalk 250, PA	E REGID BY REGISTRA	R 256 REGISTRA	The state of the s	
			. Dundalk			110 1881	Julia 1	indon.	Last
	1.724	MTDC WAG	- Danaar				14		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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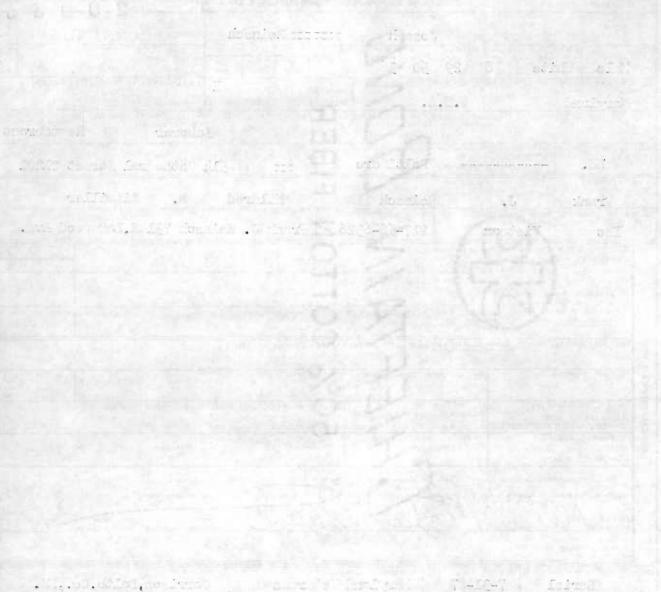
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shaws ony injury, or ather troum

atic event, the

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completely filled in by the funeral directors of ond 2 should be filed within 72 hours

		FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 0 3	6
1		CEASED NAME FIRST FYAM	K Edward	Rei	OF BIRTH	20. DATE OF DEATH MONTH	987-	5'30 A M
	To. BII	Male RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	(? 8	1 24 13	9. BALTIMORE CITY OR COL	(RS. UNITY OF DEATH	HOURS MIN.
La Contraction	10 CF	Maryland  TY OR TOWN OF DEATH	U.S.A.	WIDOWE		Ballimor 120. USUAL OCCUPATION	e City	MD. F BUSINESS OR
1.	XI	Bilfimore	Key Medical (	enter		(TYPE OF WORK FOR MOST OF WORK Retired		Steel
f.	13a. S	Md. 13b. COUR	R OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Baction	WN	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌		code treet 2122	4
	14. FA	John	Reuter Reuter		15. MOTHER'S MAIDEN NAV	ME	Kafer	1
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SEC VE WAR OR DATES) 213-09	-0351	17. INFORMANT  Irene J. Rewa	ter 502 Tolna	Street 212	24
		PART I. DEATH WAS CAUSE	nly one cause per line for (o), (b), (ED BY:  OTE CAUSE (o) CAYOM)	ond ici.i	iratory a	rvest	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONSEQ	WENCE OF	COPD			
		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	UENCE OF				
	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES []	
7		210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	AIN .	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART   OR PART 2)	
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		sow the deceased alive on	n 19 ottended the deceased from 19 ot) view the body after death.	44	nd that in (my) Componion of	deoth occurred on the date on		that (I) ( <u>we)</u> last couses stated
		22b. SIGNATURE	Pat MI		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE :	SIGNED
1		22d PHYSICIAN'S NAME (TYPE O	DR PRINT)  MATS  MT	)	Fruncis -	Scott Key Hos	P,	

23c NAME OF CEMETERY OR CREMATORY

Oak

6224 Eastern

23d. LOCATION
CITY OR TOWN
COSTWOOD

Cemetery Casturoa Communication (Company Communication Communication) (Communication Communication) (Communication Communication) (Communication) (Communicati

Baltimore

DHMH - 16 60M 7/84

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

harles S. Zeiler & Son Inc.

24 FUNERAL DIRECTOR

23b. DATE

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medicol exam TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicign and co should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages & with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

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			FOR		D			ARYLAND AND MENTA	AL HYGIEN	E		
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	<b>国</b> 电影型		CEASED NAME	revir Kevir	ì	WIDDLE	Re	ynolds		20. DATE KNOWN OF ESTI- DEATH MATED		26/ <sub>19</sub> 87
	PR, PLEA DURECTO DUR FILE 72 HOU ON STREE	3. SEX	Male	A. RACE Black	5. DATE OF BIRTH	TES DETBIRTH	YEARS IF UN			2c. DATE PRONOUNCED DEAD	HINOM	26/ <sub>19</sub> 87 3:24
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3	A PARTIE OF THE			imore	2600 B1	ITAL, NURSING HOA RITY, GIVE STREET ADDRESS C. Edmonds	on Av			JAL OCCUPATION  MOST OF WORKING LIFEL  E Surgeon	(TYPE OF WORK 12	N KIND OF BUSINESS OR INDUSTRY
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RE, MD.	ESS.23		Willian	n	WIDDLE	Reynolds		15. MOTHER'S M Glori		WIDDLE		Freeman
BALTIMORE	AFTER PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	16a. V	WAS DECEASED	D EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	219-88-66		William	Reyno	lds Jr. 3		k Heights Av
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VITAL RECO	HOULD BE NRD "PENDI CHIEF MEDI USED AS OF HEALT	CERTIFICATION	190 DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATIONW	AS PERFORMED?				28 AUTOPSY?  YES X NO
DIVISION OF V	R: THIS CERTIFICATE SHOULDER THE WORD "FEN NEWARDED TO THE CHIEF WE SPACE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAD D. 21201 PRIOR TO BURIAL, CR	MEDICAL CERTI	UNDERLYING CONTRIBUTION		21e PLACE OF STREET, FACTO	MONTH DAY YEA 7/26/ 198 FINJURY (ATHOME, DRY, FARM, ETC.) Y IN YEAR	211 to	ubject s	hot	CITY OR TOWN	CONN	2]
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120			y that I taak char	ge of the remains descr	ribed abave, held an	_	, Homicide X	ection , Undet	Inquiry	and in my apin  DATE SIGNED	
	MEDIC GECUTE NGE 4 S FUNER TER DEA	-	EXAMINER'S (TYPE OR PRIN		rgarita A.			ADDRESS	111	Penn St.		
07/84	Bb				7/30/87	Arbutus	METERY O			Tto.	COUNTY	Md.
25M	DHMH - 17 (VR A15 ME (5))	24 F	TTTam	C. Brown	1206 W.	North Ave	2	25a. D		9 1987 A	LEGISTRAR'S SIC	

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	DTI	FICATE	OF	DEATH	sett.

		FOR STATE REGISTRAR			IEALTH AND MENTAL H	REG. N	200	3 8
		CEASED NAME FIR	ST A	AIDDLE	AST	2a. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
	3 SEX	GUY	D I4 RACE	RICH Is DATE O	OF BIRTH	JULY 27.		10:50A M
		MALE	BLACK	MONTI 12	H OAY YEAR	64	YRS	DAYS HOURS MIN.
-		RTHPLACE (STATE OR FOREIC COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED		RE CITY	T <b>H</b> MD
	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME		12a. USUAL OCCUPAT	ION 12b. K	IND OF BUSINESS OR
3		ALTIMORE	THE	H FACILITY, GIVE STREET ADDRESS)  JOHNS HOPKINS	HOSPITAL	TYPE OF WORK FOR MOST OF DISABLED		N/A
	13a. S	MD 13b.	OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN BALTO.	130. INSIDE CITY LIMITS YES NO 🗌	214 N. WAS		1231
		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN FIRST	NAME		LAST
		GEORGE	S ADUED FORCES	RICH	HATTIE 17. INFORMANT	ADDRI	HI.	NES
		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) YES	YES, GIVE WAR OR DATES)	213-16-6993		EN 214 N. WAS		Т.
		18 CAUSE OF DEATH IER PART I. DEATH WAS C	nter only one couse per CAUSED BY: AEDIATE CAUSE (o)		nonery Ar	rest	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		Conditions, if any, whi	ich ( (b)	PAS A CONSEQUENCE OF	110			3wks
STATION OF		couse (o), stoting (		RAS A CONSEQUENCE OF	unoma o	f lung		Hyrs
200	NOI	PART 2. OTHER SIGNIFICE		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISEASE OR CON		
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES ▼ NO□	20b. IF YES, WERE F IN CERTIFYING CA YES [	
7	CAL CE	21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY PEET, FACTORY, OFFICE, FARM, EXC.)	211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
		22a.1 certify that (I) (his sow the deceased of above (I) we) (did) (	7	127 1987 0		on death occurred on the d		, tho (1) (we) lost m the couses stated
		27b. SIGNATURE	3. Willia.	ms moll		G MEDICAL STA	FF	DATE SIGNED
		22d. PHYSICIAN'S NAME	John B.	Williams	600 N Wal	fe Balt. M	0 21205	5
		BURIAL, CREMATION, REM BURIAL	23b. DATE 8/3/8		CEMETERY OR CREMATOR	OWINGS	MILLS	MD
		UNERAL DIRECTOR WM. NAMEC. MARCH	F/H. INC.	110 PPRESE NOR		DATE REC'D. BY REGISTRAR	1 1 2 1	GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

BP. DHMH - 16 60M (VRA 15, 4

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1						STAT	E OF MARYLAND					
	1	FOR			DEP	ARTMENT OF	HEALTH AND MENT	AL HYGIE	NE			
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pal led	13a. S M.		136 COUNT	Y CONTRACTOR OF THE PARTY OF TH	Baltir	TOWN	13d. INSIDE CITY LIV	MITS?	4324 Falls	ROAD	21211	
fill y	Maryland			BATTIMOTE YES A NO I				TOdd	21211			
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bee prio ony	S	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	ON WAS PERFORMED		20a AUTOPSY?	206. IF YES	YING CAUSES	NGS USED OF DEATH?
t pe	E								YES NO	YES		№ □
Hygie	CER	21a. ACCIDENT WAS UND		216. TIME C		DAY WELD	21c HOW INJURY	OCCURRE	D (ENTER NATURE FINJUR	TIN ITEM TS P	ART I OR PART 2)	
		OR CONTRIBUTING C		HOUR A.		DAY YEAR						
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os the Ith ond orked o	ME	WHILE NOT WHI	LE 🗍	(AT HOME STI	REET, FACTORY, OF	FFICE, FARM ETC )	STREET		CITY OR TOV	<b>VM</b>	COUNTY	STATE
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or 2 ± c ∞		22a. I certify that (1)				~~			oth occurred on the do	/		that (I) (we) last
CTO d for n 21		sow the deceose obove (1) we) (d	d) (did not)	view the body	diter deoth.			орініон ае	om occorred on the do	re ond nout		
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TO FUNERAL DIRECT should be detoched to with the Stote Dept. or IMPORTANT: If Item 2		PAV1-	A	MRA	NIDA	10	MERC	YK	OSPITAL	B	ALT M	10515 Q
5 48 ¥	23n F	URIAL CREMATION	EMOVAL	236 DATE			CEMETERY OR CREM		1234 LOCATION	-/_	1	
		SPECIFY) Buria		7/8/8	7		od Cemeter		Baltimo	re	COUNTY	vland
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VRA 15, 4)	A	. Ālan Sei	$z$ , $J_1$	c. 3818	Roland	d Ave.	21211	101		J	-	

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Maryland BALTIMOR 40 MAKNOWSOL

217-16-6539 V.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending ph

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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njury, or other troumatic

morked or Item 18 shows ony

should be detached for us with the State Dept of He IMPORTANT: If them 21 is

filled in by the funeral directar, page 3

FOR

REGISTRAR

CEASED NAME

Female

Md.

70. BIRTHPLACE ISTATE OR FOREIGN

FIRST

4 RACE

Black

Bessie

MIDDLE

Carmelita

76 CITIZEN OF WHAT COUNTRY?

USA

- STATE

3. SEX

	ST	À	TE	OF	M.	ARY	LAND	
 		_						_

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

Richardson

MARRIED NEVER MARRIED

DIVORCED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

MONTH

Baltimore City or County OF DEATH Baltimore City

DAY

YEAR

87

IF UNDER 1 YEAR

2b. HO⊎R

IF UNDER 24 HRS

MD.

20 DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

Baltimore	(IF NOT IN SUCH FA	SPITAL, NURSING HOME C CHITY GIVE STREET ADDRESS) N.Monasterj		IZE USUAL OCCUPATION LIVE OF WORK FOR MOST OF WOR HOMEMAKER	PRING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE IN NURSING HOME O		ERESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?		astery Ave.
Will's am	WIDDLE	Richardson	15. MOTHER'S MAIDEN NAM	WIDDIE	Reid
(YES, NO OR UNKNOWN) (IF YES GI		SOCIAL SECURITY NO. 14-01-2445	Rosetta Col	ADDRESS Llins 206 N	
PART 1. DEATH WAS CAUSE  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Hybritical  190. DATE OF DIFFERNION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR A:  (b)  DUE TO, OR A:  (c)  CONDITIONS CONT	S A CONSEQUENCE OF S A CONSEQUENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? 200	DN GIVEN IN PART TO  D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES TO NOT
TO SOME THE STATE OF THE STATE	HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET, itial) attended the d	MONTH DAY YEAR  19  INJURY FACTORY, OFFICE, FARM, ETC.)  precessed from predeath, 19  7  7  7  7  7  7  7  7  7  7  7  7  7	211 LOCATION STREET	CITY OR TOWN  CITY OR TOWN  death accurred on the date a	COUNTY STATE  COUNTY STATE  19 87 that (1) ( last and hour and from the couses stated  22c. DATE SIGNED  7/27/87
SHANTI &			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Burial  Funeral Director  Chatman-Harris	7/28/87 FR 1701			EREC'D. BY REGISTRAR ON	

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## STATE OF MARYLAND

EPAR	TMENT	OF HEA	ALTH	AND	MENTAL	HYGIENE
	CE	DTIFIC	ATE	OF	DEATH	

061270 JUL3	0 8	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. N	0.20	0 4 2		
. m.e	I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR		
ay be age 3 deoth		OR PRINT) Merlyn	Jean	Richardson	1 1 P P P P	7 24	87 M		
r. pc	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UN	DER ! YEAR   FUNDER 24 HRS		
s o		Female	Black	8 16 34	52	YRS.			
1 2011		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH		
A 15 90		remont, N.C.	USA	WIDOWED DIVORCED	Balto.,		MD.		
10 400	10 CI	Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 1638 N. Broad	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST CONTROL HOUSEkeepe	OF WORKING LIFE) IN	2b. KIND OF BUSINESS OR NDUSTRY		
BALTIMORE, MARYLAND 21201 come be executed within 24 hours opport Togeral and 2 hours opport Togeral and 2 hours one!	USUA 130. S	AL RESIDENCE (IF NURSING HOME O TATE Md. 13b. COU	ROTHER INSTITUTION. GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Balto.	E ADMISSION) 13d. INSIDE CITY LIMITS? YES \( \) NO \( \)	13e STREET ADDRESS . 1638 N. BY	/ ZIP CODE	21213		
MARYL and without	14, FA	Jessie	Richard Richard	Ison Elizabeth	WIDDLE		Battle		
ORE,	16a V	VAS DECEASED EVER IN U.S. AI	WE WAR OR DATEST		ADDRI	ESS	NAME OF STREET		
TIMC		ES NO OR UNKNOWN) (IF YES, GI	219-32-7	848   Deborah L. F	ogg 1607	Laurelte	on Ave.		
BAL cons appen mail.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or	dic	2.0.0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
			TE CAUSE (0) CARUIC	PULMONARY MI	UKIT		2 Minupes		
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ON OF VITAL RECOI	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH? NO		
N OF VITA  SICIAN: T ng physici certificate miol-transis ifem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)		
N OF VI	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
DIVISION PHY rottendia os the but on the but orked or or orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION STREET	CITY OR TO	IWN	COUNTY STATE		
O O O E	-	22a I certify that (1) this hosp	oital) attended the deceased from	DEC 3, 19 86		19 19	, that (I) (we) lost		
TTE Spito CTO P		sow the deceased alive of above (I) (we) (did) (did no	ot) rew the body ofter death.	, and that in (my (our) apinion	death accurred on the d	ate and hour one	from the couses stated		
At OR ATTEN y the hospital y detached for un order Dept. of He UT: If hem 21 is		22 SIGNATURE	Chun	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE SIGNED		
TO HOSPITAL Cretoined by the TO FUNERAL Should be detained with the State Dimensional Important: If		A R LTON	ORPRINT) C. GREE	WE 220 W	1. Colpsi	Tring	LANE.		
0 월 2 월 <u>종</u>		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	<b>*</b>	771 13		
BP	. (	Buriai	7/29/87 B	altimore Cemetery	Balto.	60	Md.		
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR	ADDRESS	250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATURE		
(VRA 15, 4)	W	illiam C. Brown		orth Ave.   J	JL 29 1987	Julia De	adon Pardes		

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filled in by the funeral director, page 3: guld be filed within 72 hours after death

deoth certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

BP.

# STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND MENTAL	HYGIEN
(5)	DTIELCAT	E OF DEATH	2

38	STATE	DEFA	CERTIFICATE O	F DEATH	R /	200	4 3	
1 DEC	CEASED NAME FIRST	MIDDLE	ŁAST	т	20. DATE OF DEATH	MONTH DAY YE	AR 7b. HOUR	_
	OR PRINT}				4	71 11 11		
2.051	JAMES	4 RACE	S. DATE OF BIRTH		JULY 7	1987	VEAR IF UNDER 24 H	M
3. SE)	MAIF	CAUC.	MONTH DAY	1 8	92	MONTHS D	DAYS HOURS M	
7n BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	7.5	BALTIMORE CITY O	R COUNTY OF DEAT	н	_
9	REDRAIL	USA	MARRIED NEVE		PAltiUn	Pr Cit	11	MD.
اوسالا	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER II	NSTITUTION	120 USUAL OCCUPATION		OF BUSINESS	
MA	LIMINE	CHURCH SUCH ST	HOSPITAL	_	TYPE OF WOR FOR MOSTO	ED INDUS	PRY	
USU2 13a. S	AL RESIDENCE (IF NURSING HOME COTATE		FORE ADMISSION) OWN 136 INSID	ECITY LIMITS?	13 STREET ADDRESS	ZIF CODE.	2/224	F
M	ARYCANDI -	DALT	HNC YES OF	NO []	G24 5.	ORADFOR	es 5%	
14. FA	THER'S NAME	MIDDLE JAST	15. MOTH	ER'S MAIDEN NAM	E MIDDLE	DA	LAST	
-	AMUEL	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFOR	LUU	ADDRE	KIL	EK	_
180 V	VAS DECEASED EVER IN U.S. A	MALD FORCES TIME SUCIALS	ECURITY NO. 17 INFOR	ACSA MA	maril	1. 11/0 7	PINE	5.
_	YP2 IV	4 W 410	LI PETEIOG	NDA CA	THEFT	149. U	CASPOR	<u>\( \( \) \) \( \) \( \)</u>
	PART I. DEATH WAS CAUS	only one couse per line to: (0), (b)		HATTID:		BETV	PROXIMATE INTERVAL WEEN ONSET AND DEA	TH_
	IMMEDIA	ATE CAUSE (0) CONGES	TIVE HEART	FAILUR	E			_
		DUE TO, OR AS A CONSE	QUENCE OF					
	Conditions, if ony, which gove rise to immediate	(b)				-		_
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF					
	onderlying coose lost	(c)						
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN IN PAR	RT 110	
CERTIFICATION	DECUBITUS	S ULCER						
CA	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PER	REFORMED	200 AUTOPSY?	106. IF YES, WERE FI		
TIF					YES NO	YES 🗌	NO 🗌	
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 216 HOW	INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR PAR	17 2)	
CAL	OR CONTRIBUTING CAUSE OF D	CAIR	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	ZII LOCA	ATION	CITY OR TO	wn COUNT	TY STATE	
2	AT WORK NOT WHILE	TAT HOME, STREET PACTORY, OFF	ILE PARM, ETC )					
	220.1 certify that (1) (this has	pital) attended the deceased fro	JUNE 9	87	_, to JULY 7	19_87	, that (fi (we)	ost
	sow the deceased alive a	on JULY /	987, and that in (r	ny) (our) opinion de	eath occurred on the do	ote and hour and from	n the couses stated	
	77b. SIGNATURE	I A A	DEGREE			22¢ D	DATE SIGNED	_
	V IVI	Horyanka	V MB	ATTENDING PHYSICIAN	MEDICAL STAF			
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADD	DESS	CH HOSPIT	*	DAMITON	
	V.M. ABHYA	NKAR, M.D.	100	17 DDO:				1
73g, E	SURIAL CREMATION, REMOVA	L 23h DATE	THE NAME OF CEMETERY C	OR CREMATORY	ADWAY BAL	TIMORE,	Md. 2123	
0	CEMATION	7.10.87	WESTVIEW	Cem.	BA27141	RE COUNTY	MD	
245	INERAL DIRECTOR	: Tuli-orland	16m 250	5 25k DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	SNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exp TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbogopopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

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(VRA 15, 4)

McCully Funeral Home

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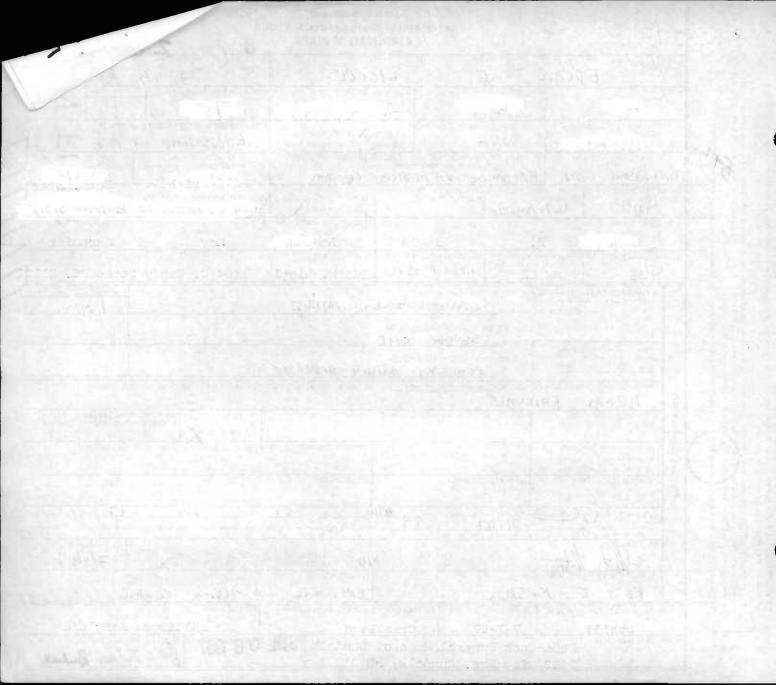
	•	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	( )	200	
1338 JUL 1	PEC	SED NAME	FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
be 3	(111FE	DRPRINT)	Rober	et W	alter	Ri	der	July	17.198	7	90A
may , poo	3. SEX			RACE		5 DATE C	F BIRTH	6. AGE IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HI
S of o		Male		Whi	te	Apri		61	YRS.	DATS	HOOKS M
\$ 3/ VS 7		THPLACE   STATE OR FOI	REIGN 7	b. CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH	TO SE
n 72		ryland		USA		WIDOWE		Baltimo	re Cit	V	
a = 3 = 7/7		YORTOWN OF DEAT	Н	(IF NOT IN SUC	HOSPITAL, NUR THEACILITY, GIVE STR HOSPI	EET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS! Warehous	OF WORKING LIFE)	INDUSTRY	F BUSINESS
	USUA 130 S	RESIDENCE IF NURSIN	36 COUNT	THER INSTITUTION	GIVE RESIDENCE BEE	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS			230
impletely and 2 sh		niers NAME alter	Dolï	IDDLE	Ride:	r	15. MOTHER'S MAIDEN N Ethel	Marie		rryma	in
in and for	-(X)	AS DECEASED EVER IN ES, NO OR UNKNOWN) ES	U.S. ARM (IF YES, GIVE W W I	MED FORCES? WAR OR DATES!	21420		Robin Rid		as i	13	MATE INTERVAL DNSET AND DEA
agned by the hen please reto burief, creating, or other	z	PART 2 OTHER SIGNI	IFICANT CO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	NIN PART 11	3
w re-	ATIO	190 DATE OF OPERATION	ON	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
The low rection.  e has been sit permit. I giene prior hows ony in	RTIFICATIO					CH OPERATIO		YES NO	IN CERTIFYI YES	NG CAUSES	
	CAL CERTIFICATION	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	RLYING	21b. TIME C			21c. HOW INJURY OCCU	YES NO	IN CERTIFYI YES	NG CAUSES	OF DEATH?
UG PHYSICIAN: The low recottending physicion.  For this certificate has been as the buriol-tronsit permit. It hand Mental Hygiene priority hand Mental Hygiene priority hand mental Bishows only in red or item 18 shows only in	MEDICAL CERTIFICATIO	210. ACCIDENT WAS UNDE	RLYING AUSE OF DEAT ALL EXAMINER)	21b. TIME C HOUR A P	DF INJURY M. MONTH	DAY YEAR		YES NO	IN CERTIFYI YES JURY IN ITEM TB. PAR	NG CAUSES	OF DEATH?
HYSICIAN ding ph nis certifu burial-tr   Mentol   ar Item		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MARK AT WORK 220.1 certify that (1) (1) sow the decease obove, (1) (we) (dir	RLYING AUSE OF DEAT AL EXAMINER) ED E this hospite d olive on	21b. TIME C HOUR A Page 21e. PLACE (AT HOME, ST	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE is deceased from	DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19	21c. HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF IN	IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN	COUNTY	OF DEATH? NO
the hospital or attending physicial to correcting physicial or attending physicial to the process of the burielity to Dept. of Health and Mental I. If them 21 is morked or them.		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK 220.1 certify that (I) (I) sow the deceased obave, (I) (we) (dir 22b. SIGNATURE	RLYING DAUSE OF DEAT AL EXAMINER)  ED  this hospitud olive on di (did not	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST 1 view the body	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE is deceased from	DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19	21c. HOW INJURY OCCU 211 LOCATION STREET  7 19 7 nd that in (my) (our) opinion DEGREE MATENDING PHYSICIAN	YES NO RRED (ENTER NATURE OF IN	IN CERTIFY! YES JURY IN ITEM TB PAR TOWN TOWN AFF	COUNTY	OF DEATH? NO
O HOSPITAL OR ATTENDING PHYSICIAN stoned by the hospital or attending physician of EUNERAL DIRECTOR. After this certiful bound be detached for use as the burial-truth the State Dept. of Health and Memal I WPORTANT: If them 21 is morked or them 1	MEDICAL	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY AT WORK 270. 1 certify that (1) (i) sow the deceased obove, (1) (we) (dir 272b. SIGNATURE 272d. PHYSICIAN'S NAA	RELYING	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST view the body	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE ofter death.	DAY YEAR 19 15. FARM, ETC)	21c. HOW INJURY OCCU  211 LOCATION STREET  7 19 7  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  230/ /412	YES NO RRED (ENTER NATURE OF IN CITY OR LITY O	IN CERTIFY! YES JURY IN ITEM TB PAR TOWN TOWN AFF	COUNTY	OF DEATH? NO  STATE that (I) (we) couses state
O HOSPITAL CIR ATTAINING PHYSICIAN stoned by the hospital or ottending physician DIRECTOR. After this certificated be detached for use as the burial-transition to the Store Dept. of Health and Mental WPORTANT: If them 21 is marked or them 1	WEDICAL WEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA  (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE  WHILE NOTIFY MADICA AT WORK 220. 1 certify the decease obove, (1) (we) (dir 22b. SIGNATURE  22d. PHYSICIAN'S NAM	RELYING	21b. TIME CHOUR A P 21c. PLACE (AT HOME. ST VIEW the body PRINT)	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE ofter death.	DAY YEAR 19 (E. FARM, ETC.)  D. OT	21c. HOW INJURY OCCU  211 LOCATION STREET  7 7 , 19 7 and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  120 ADDRESS	YES NO RRED (ENTER NATURE OF IN CITY OR LITY O	IN CERTIFYI YES JURY IN ITEM TB PAR TOWN  AFF IICIAN   AFF	COUNTY	OF DEATH? NO  STATE that (I) (we) couses stated

(VRA 15, 4)

	STATE OF MARYLAND
2	DEPARTMENT OF HEALTH AND MEN

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	DT	IFIC ATE	OF	DEATH	

6.5 JUL -	g <b>1</b> g	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8	Z REG. NO	20	2.0	4
		CEASED NAME FIRE		MIDDLE			AST	2a. DATE (	OF DEATH	MONTH P	AY TAR	H. 30
deat		EDG EDG		G			GGLE	-22.5	7	7 9	87	10 W
2 4	3. SE)		4 RAC	Œ		5. DATE C		6 AGE (IF	YEARS LAST BIRT	HDAY)	ONIHS DAYS	HOURS MIN.
Design .	91	Male	71 CIT	ZE CITIZEN OF WHAT COUNTRY?			15, 1912 75 YRS.				OF DEATH	
in 72 k	Pennsylbania			USA MARRIED WIDOWED			D DIVORCED	DIVORCED   BAIDMONE			C 177 MD.	
杨复一	BATMUNG CIM			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  BALDMUNG VA MEDICAL COMMON			(TYPE OF WO	L OCCUPATION FOR MOST OF	WORKING LIFE		OF BUSINESS OR	
Sed in	USUA	TATE 136.		NSTITUTION, GIVE RE		ADMISSION)	13d INSIDE CITY LIMITS?	13e.STRFF	ADDRESS /	ZIP CODE		th. Steel pad 21221
olerely f	14 FA	THER'S NAME FIRST	MIDDLE	Tone	LAST		YES NO NO NA 15. MOTHER'S MAIDEN NA		MIDDLE	nay se	LAS	NST.
0 10	160 V	Edgar	B.	ORCES? 16h S	Rigg		Ameli 17 INFORMANT		May	SS	Str	comier
puod puod			WW II		78-104		Ida M. Riggl	e 11	04 C.	Sandy	Stone	Rd. 21221
physical npopert. moval.		18 CAUSE OF DEATH (ER PART I. DEATH WAS C	iter anly ane AUSED BY: EDIATE CAU		ar (a), (b), and	2MONA	A				BETWEEN	XIMATE INTERVAL LONSET AND DEATH
ageed by the attending free please tempore confinence on the busin's cremation, or play, or other traumotic	NOI	Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause lo PART 2. OTHER SIGNIFIC	ch ite he st.	UE TO, OR AS A	CONSEQUE NONAY	CHF NCE OF ANT	UNY OISSASSE NOT RELATED TO THE TERM		ase or cont	DITION GIVE	N IN PART 10	0
permit.	TIFICATI	190 DATE OF OPERATION			FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
	AL CER	21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	B. TIME OF INJU HOUR A.M. /		YEAR	21c HOW INJURY OCCUR				_	
and the burner of the burner o	MEDIC	21d INJURY OCCURRED	21	e. PLACE OF IN			21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TOR at-		270.   Certify that (i) (his haspital) attended the deceased from 1987, ta 749, 1987, that (iii) (we) last saw the deceased alive an 74457 1987, and that in (m) (aur) apinian death accurred an the date and hour and from the causes stated above. (iii) we) (did) (did not) view the bady after death.										
AL DIREG detoched are Dept at: If Nem		276. SIGNATURE	5				DEGREE  ATTENDING PHYSICIAN [	MEDICA DIRECTO	L STAF		1	4/87
O FUNER hould be of the St		122d. PHYSICIAN'S NAME					BATAMUNG	VA M	EDICA	COM	br	Tree S
-2757		URIAL, CREMATION, REM SPECIFY) Burial		DATE 7-7-87		Crest	EMETERY OR CREMATORY  Lawn	C	CATION ITY OR TOWN Bal	timore	COUNTY Maryl	Land
AH - 16 60M 7/B4 (VRA 15, 4)	24 FU				ralmeHo	me of	Dundalk 259 D	E RODSY	RECHSTRAR 1907	25b. REGISTE	Cars SIGNAT	TURE



				STA	E OF MARYLAND			
	y.	FOR STATE	DE		HEALTH AND MENTAL HYGI	7 2 0	046	
3	1 00	REGISTRAR CEASED NAME FIRST	MIDDLE	CENTI	(AST	REG. NO.	DAY YEAR 26 HOUR	
23 AUG AUG	87	OR PRINT)  JUAN		RI		JULY 29. 198	24 11000	
moy moy	3. SE	(	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
ector,	MALE		MEXICAN	MON	1 4 34	52 YRS. MONTHS DAYS HOURS		
once.	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUNT	Y OF DEATH	
death unergan	1	MEXICO	MÜYSÇA.	WIDOW	ED DIVORCED		ITY MD.	
s ofter to the filled with	10. C1	BALTIMORE	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIVEN THE TOHI	E STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L AUTO TECH	126. KIND OF BUSINESS OR INDUSTRY  SHERWOOD FORD	
24 hours filled in ould be must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STATE MD	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  NTY  BALTO  13d INSIDE CITY LIMITS?			130 STREET ADDRESS / ZIP COD 1253 LINWORTH	AVE. 21239	
rthin 2 sh	14. FA	THER'S NAME	MIDDLE LA	A S T	15. MOTHER'S MAIDEN NAM	ME	LACT	
o o de	M/	ANUEL	RIO	S	ALICÏĂ	С.	CASTELAZO	
Paper Paper		VAS DECEASED EVER IN U.S. A (ES, NO OR UDKNOWN) I IF YES, C	2015 144 10 00 0 1 150	34-3804	MIRANDA RIOS	S 1253 LINWORTH	AVE. 2A	
uires that the dy	Z	Conditions, if any, which gave rise to immediate cause lal, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON  (b) NATT  DUE TO, OR AS A CON  (c) CONDITIONS CONTRIBUTIN	USEQUENCE OF	TNOT RELATED TO THE TERMI	MAL DISEASE OR CONDITION G	Cumtus.	
hos been s permit. The permit the sene prior to	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	DN WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  ES \( \text{NO} \( \text{T} \)	
physicic ificote -fronsit 1-18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IB	PART 1 OR PART 2)	
PHYSIC tending I this cert the burial and Mente	MEDICAL	LIFEITHER, NOTIFY MEDICAL EXAMING THE CONTROL OF TH	P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
TTENDING Pointal or atter TOR: After the for use as the of Health and		220.1 certify that (1) (this has	pital) ottended the deceased on 200 july view the loady after death		nd that in (my) (aur) apinian a	, to	, 19, that (I) (we) last ur and fram the causes stated	
by the hosp by the hosp ERAL DIREC e detoched State Dept.		22b SIGNATURE	Hillip Kee	er Y	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 2981	
etained by to TO FUNERAL should be del with the State		224 PHYSICIAN'S NAME (TYPE	MILL KEL	SER.	22e ADDRESS	Walfe St B	sulto modi	
BP		BURIAL, CREMATION, REMOVA	8/3/87		CEMETERY OR CREMATORY MOUNT CEMETERY	BALTIMORE,	COUNTY	
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	IM. C. MARCH F	′H, INC. 1101°	DRESS NORT		BEGD. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE	

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-					E OF MARYLAND			
		FOR STATE	DEPAR		IEALTH AND MENTAL HYG	IENE O	29 1	
		EGISTRAR  EASED NAMEFIRST	MIDDLE		ASI (	REG. NO.	DAY YEAR 2h HO	110
		OR PRINTI		Ro	berts	76 DATE OF DEATH MONTH	31 87 11	PM
	3. SEX	F	B 7	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  55  YRS	IF UNDER 1 YEAR IF UND	ER 24 HRS
AA		RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE WIDOWI	D NEVER MARRIED	Baltimore CITY OR COUNT	IY OF DEATH	MD.
2	B	altimore.	SINGI HOSPITAL, NURS	SING HOME ( SET ADDRESS)  DITUP		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSIN	
5	13a. S	red +			YES NO	13. STREET ADDRESS / ZIP COI 4003 Board	DE 10	215
2	TA FA	reddie "	He Ca	r40	15. MOTHER'S MAIDEN NAME OF STREET	WIDDLE	Richards.	)
		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE		2-9013	Clarence R	address Oberts 4003	Boarman K	Ave
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Liac	arrest		APPROXIMATE INT	ERVAL ND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) SPACONSEQ DUE TO, OR AS A CONSEQ	5, 0	isseminated hic Breast	Intravasaul	n Coasul	rtin
	N O	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART Ita	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS US FIFYING CAUSES OF DEA YES NO	ATH?
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM II	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	E, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220. I certify that (1) (this haspita			, 19		, 19, that (l)	
		saw the deceased alive an_ abave, (1) (we) (did) (did nat) 276. Sign 3.14				death accurred on the date and h	our and fram the causes s	tated
		Jular	ve .	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/31	67
		GALA	REAGA		27e. ADDRESS	nai Hopet	al	
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 23 8/6/87		ew Cemetery	Baltimore	COUNTY	MD <sup>e</sup>

DHMH-16 60M 7/84 Wm. C. March F/H West 4300 Wabash Avenue

Eastview Cemetery Baltimore

AUG 0 6 1987 July Trium Toulus

DHMH - 16 60M 7/E

(VRA 15, 4)

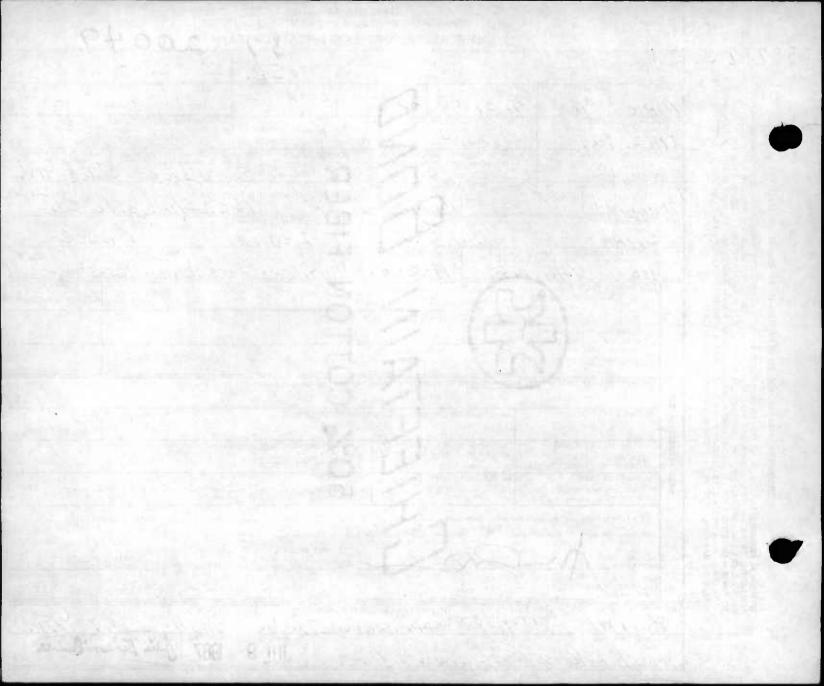
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	500		STATE OF MARYLAND		1
. 11	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYG		
	REGISTRAR		CERTIFICATE OF DEATH	8 /REG. NO. 2	0 0 4 8
	CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
1,""	Frances	. 0.	Roberto	07-	.09-87 1053A.
3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	(F UNDER 1 YEAR   IF UNDER 24 HRS
	Lomolo.	(1/1)	MONEH SDAY YEAR		MONTHS DAYS HOURS MIN.
Zo B	IRTHPLACE (STATE OR FOREIGN	The Civitan of Many Company	1-31-877	O 7 YRS.	
	CONTRACT (STATE OR TOKEIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1/4	11100 SIC,	U.SIH.	WIDOWED DIVORCED	PAllimore	C1/6 MD.
110.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, DIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
16	Mimore	Liberly	med Cexter	Horsellules	i) INDUSTRA
AUSU The	STATE / NIN COL	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	THE COUNTY OF	2166
1/2	andmal -			13e STREET ADDRESS / ZIP CODE	la sie
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	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane couse per line far (a), (b), an	nd ic.	6 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	gove rise to immediate cause (a), stating the	)	sues es	1 1 :	
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CERTIFICATION	19a DATE OF OPERATION	LOP CONDITION FOR WHICH	OPERATION WAS PERFORMED	Cert - 1 oca	ww
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4 5	at acciding was underwood f			YES NO YES	S NO
27	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
1 8	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE	TALLOWE SIREEL, PACTORY OFFICE, P	ARM EIC)	(III) ON IOWIG	COUNTY
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	saw the deceased olive a	July 9 10 8		deoth occurred an the date and hour	
	22b. SIGNATURE	at) view the bady after death	DEGREE		22¢ DATE SIGNED
	tounklind	allelling	M ATTENDING	MEDICAL STAFF	THE DATE SIGNED
H	22d PHYSICIAN'S NAME ITYPE	PRINT)		DIRECTOR PHYSICIAN	
	Fra Allin	T Addis	22e ADDRESS	11 Month A	Liel.
	11000001	J. 110010	ship 724 c	0,1001 41 11	
23a	BURIAL, CREMATION, REMOVAL	L 236 DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
6	molonbend	7/14/87 (	intutues men p	4 BXXX. ~	COUNTY
24 F	UNERAL DIRECTOR		25a DATE	REC'D. BY REGISTRAR 256. REGIST	PAR'S'SIGNATURE
A.	NAME LE SE	21.22 LA	1 marla 11.3 111	L 1 6 1987	
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STATE OF STREET



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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	O. T			

118	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH 8	IENE REGINO.	0 5 0		
	CEASED NAME E OR PRINT)	FIRST ,		MIDDLE		AST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			
3 SE	ELOI	SE	4 RACE		ROBI		July 18, 198			
3 25	Female				MONTH		68	MONTHS DAYS HOURS MIN.		
7a. B	IRTHPLACE (STATE OR	FOREIGN	Black  76. CITIZEN OF WHAT COUNTRY?		8.		9. BALTIMORE CITY OR CO	YRS.		
	N.C.		TICA		MARRIED NEVER MARRIED		Baltimore Ci	tv		
10. C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OF		
	Baltimore		1329 N. Milton AVE				(TYPE OF WORK FOR MOST OF WORL	KING LIFE) INDUSTRY		
USU. 13a. S	AL RESIDENCE (IF NUR: STATE MD	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 13c. CITY OR TOWN Baltimor		N	13d. INSIDE CITY LIMITS? YES 3 NO 1	13. STREET ADDRESS / ZIP 1329 N. Milt	CODE Ave. 21213			
IA FA	ATHER'S NAME FIRST	MIDDLE	Williams 15 MOTHER'S MAIDEN NAME OF THE PREST NA			ME MIDDLE	William's			
	WAS DECEASED EVER		E WAR OR DATES				ADDRESS			
1	(yes, no or unknown) (if yes, give war or dates)				-1396 Valoris Robinson 1329 N. Milton Avenue					
HCATION .	PART 2. OTHER SIGN	NIFICANT	1			NOT RELATED TO THE TERM	20a. AUTOPSY? 20b.	N GIVEN IN PART 14a"  JE-YES, WERE FINDINGS USED  ZERTIFYING CAUSES OF DEATH?		
MEDICAL CERTIFI	210. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DE	HOUR A	M MONTH P	YEAR 19	NIA	YES NO	YES NO		
WED	21d INJURY OCCUR		71s PLACE:	NIA	ABM.ETC)	ZH LOCATION	CITY OR TOWN	COUNTY STATE		
	27x I ceptify that N saw the december above, (I) (we) (	ed alive an	tall affended the	13_19_	Stor	nd that in (my) (aur) apinian o	death accurred on the date on	d haur and fram the causes stated		
	276 SIGNATURE	uft	ulll	e us	)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [	22c. DATE SIGNED		
	MELEC	LAT	V			Johns Hap	okins Hosp	n Faf		
	BURIAL, CREMATION, (SPECIFY) Burial		23b. DATE 7/24/8			re Cemetery	23d LOCATION CITY OR TOWN Baltimore	COUNTY MD STATE		
	uneral director Vm. Nat. Marc	h F/H	1101	E. North	Ave.	250. DATE	REC'D BY REGISTRAR 11 1 2 3 1987	- Dandson Radical		

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TO FUNERAL DIRECTOR, a should be detached for use with the State Dept, of Heal MPOSTANT, If Nem 21 is m

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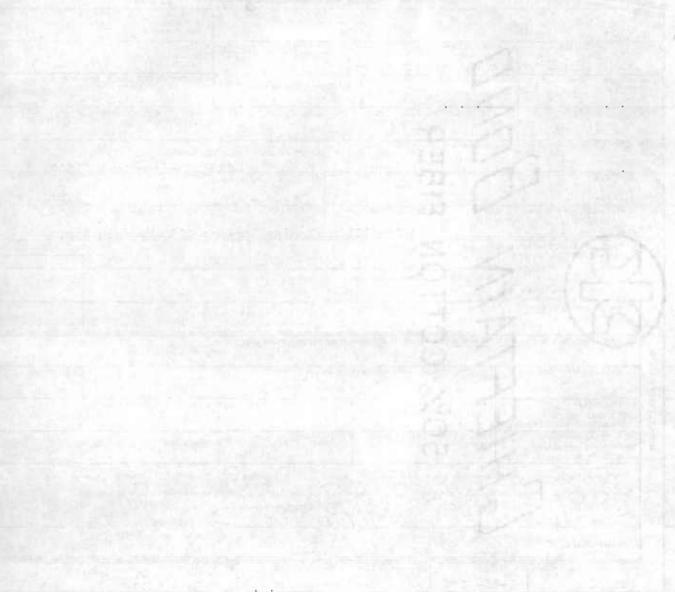
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	EAS TOR ILES DUR	3. SE	Y 1	HENR'	S DATE OF BIRTH	6 AGE (IN YE		BINSON NDER I YR. TIF UNDER 24 HRS.			DEATH MATED			27 1987	24 1101	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS ) W. RRESTON STREET,	J. J.	MALE	BLACK	7. 5	YEAR 20	67 YE	MONTH		HOURS		DATE ONOUNCED DEAD		7	27 19 87	8:50
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	PAGE 5 PAGE 5 BEFRIED.		TY OR TOWN O		H II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 753 Ramsay S			RSING HOME, OR OTHER INSTITUT REET ADDRESS)			FOR MOS	OCCUPATION OF WORKING LI		VORK 12	26 KIND OF BU OR INDUSTE	USINESS
-	Y DE AIN		AL RESIDENCE (	IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	ERESIDENCE			13d. INSIDE C	ITY LIMITES					_11/ A	-
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9	T CONT	14. F.	ATHER'S NAME		WIDDLE		LAST			ER'S MAIDEN		MIDDLE	2010		LAST	
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1	2000 E	160 \	ES. NO. OR UNKNOV	EVER IN U.S. ARA	MED FORCES? WAR OR DATES?		166. SOCIAL SECURITY NO.		17. INFORMANT			ADDRESS				14
ALT.	海路經濟/		NO	(# 123, 0112		249	-12-21	02	SARA	H MACH	K 5604	WOODN	MONT /	AVE.	APT.	4
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DIVISION OF VITAL RECORDS, 201 W.	JULD BE EXECUTED WITH O'PENDING" IN PENCI IEF MEDICAL EXAMIN SED AS A BURIAL - TRA FHEALTH AND MENTA AL, CREMATION, OR F		lying cous	stating the <u>under</u> e last.	DUE TO, OR A	AS A CON	ISEQUENCE (	)F							7-15	
05, 2	S S S S S S S S S S S S S S S S S S S		PART 2 DINER SIG	MISICANT CONDITIONS	(c) CONTRIBUTING TO DEATH B	IT NOT BEL	TEO TO THE TERM	NAL METACE	OR COMPLYIO		L I					
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NO	S THE TO T HOUT HOUT		UNDERLYING CONTRIBUTIN	☐ OR IG ☐ CAUSE OF D		MUNIH	19									
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	ATE, T ORW AE ST AE ST AD, 2		27a. I certify that I took charge of the remains described above, held on Autopsy . Inspection X, Inquiry ., and in my opinion													
4	MAN GTO TATA		death resulte	d from: <u>Natur</u>	al causes X	Accident	, Sui	cide .	Homic	ide ,	Undeterm	ined manner				
	E CERTIFICATE DUED BE FOR H, WITH THE S MARYLAND,		acres a	1	0				TITLE (S	PECIFY)					-	
	K H K H K		ACTUAL SEGNATURE_	m	>W)		~	M.	Depu	ity Ch	1eforca	LEXAMINER		DATE SIGNED.	7-28-1	87
	NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE		EXAMINER'S N	VANE Ann	M. Dixon,	MD				111	Donn	C+ Do	1+0	MD	21201	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTMORE, MARYLAND	22- 0	TYPE OR PRIN	***					ADDRESS_			St.,Ba.	100.,	MID	21201	-
07.10		730. B	BUR	ION, REMOVAL 2:	8/1/87		ING ME				RAND	ALLSTO	JN.	COUNTY	MĎ.	ATE
07/84 25M	BP		UNERAL DIRECT	OR								GISTRAR 256		AR'S SIC		_
	DHMH - 17 (VR A15 ME (5))		WM. C. I	MARCH F/H	H, INC. IT	01 E	. NORT	H AVE		JAF	911	987	July of	Lendy	Dr. Kanga	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN K 1. DECEASED NAME 2a. DATE MONTH 2h HOUR (TYPE OR PRINT) - ESTI-OF F ANY DELAY IS NECESSARY, PLEASE
AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED. WITHIN 72 HOURS.
RECORDS, 201 W. PRESTON STREET, Robinson DEATH MATED Ravfield 8/ 19 87 Raphael 2d HOUR 8:32 P M & AGE (IN YEARS | IF UNDER 1 YR 4 RACE IF LINDER 24 HRS 20 DATE DAY LAST BIRTHDAY RONOUNCED DEAD 8/ 19 87 Male Black 6 56 7n BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY Baltimore City, WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS 2259 Madison Ave OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 🔩 NO Md Baltimore 2259 Madison Ave 21217 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE FIRST Unknown Louise Spriggs 7 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PS AFEXCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM IB GIVEN A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT PAGE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELE DIVISIONER, MARYLAND, 21201 PRICY TO BURIAL, CREMATION, OR REMOVAL Louise Sprices 2259 Madison Ave Yes 218-26-6171 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION THE WORD "P" 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 21e PLACE OF INJURY 21f. LOCATION 1 AT HOME STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK X 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from Hamicide Undetermined manner ACTUAL DATE 7/9/87 Assistant SIGNED EXAMINER'S NAME Dennis F. Smyth. M.D. 111 Penn St. TYPE OR PRINT ADDRESS 23n BURIAL CREMATION REMOVAL 23h DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 7-14-87 BP Garrison Forest 07/84 Owings Mill Md 24 FUNERAL DIRECTOR 250. DATE REC'D, BY-REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 ADDRESS andall (VR A15 ME (5)) March Funeral Home 1101 E. North Ave



X				1		-22				STATE	OF MARYLAND					
5	93	63	JUL 1	4	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA CATE OF DEATH		NE / REG. NO	2 0	0	5 5
		9 ce	deoth			EASED NAME OR PRINT)  BABY	ŸÖLA SIRL	NDA	MIRIAM	ROBÍ ROBIN				AONTH DA	Y YEAR	26 HOUR 6:10P M
		F	rs after d		3. SEX			4. RACE Black		5. DATE O		6	AGE (IN YEARS LAST BIRTH	*DAY} II	UNDER I YEAR DAYS 0 20	IF UNDER 24 HRS HOURS MIN.
1		th. Pag	72 hour	2	N. BIF	THPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	D 🔀 9	BALTIMORE CITY OR			
	5	ofter dea	d within	A	10. C11	Maryland Y OR TOWN OF DEAT	н	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	I NC	BALTIMORE ( 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N	126 KIND O INDUSTRY	F BUSINESS OR
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くつ	SOISIAIS	affer this of	of the burners of the	1	MEDICAL	21d INJURY OCCURRE	E (1)	21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	1	ATTENDIF	of Healt n 21 is mo			22a L certify that (1) ( sow the deceased above, (1) (we) (did	olive on.	7/9	19	87 on	d that in (my) (Dur) op	ppinion de	oth occurred on the dat	, , ,		that (I) (we) last causes stated
		TAL OR , by the ho	State Dept			ZZE SIGNATURE	1.1	Rosa	^ \		ATTENDI PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIA		7/c DATE 5	F/87
		HOSPITA ined by FUNERA	h the State			22d. PHYSICIAN'S NAA	R (TYPE OF	Jah.	0500 M	^	The Tah	~ 1	Hankin- 1	70.	(+0)	

73t NAME OF CEMETERY OR CREMATORY
7 Cedar Hill Cemetery

July 13,1987

24 FUNERAL DIRECTOR
Marshall W. Jones, Jr. FH 4101 Edmondson 24729

Brooklyn, A.A. County, Mat.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL Buria1

Manager and the state of the st

at the second	is centificate be executed within 24 hours after death. Fage 4 may	ding physician and completely filled in by the funeral director, pag orbon papers. Pages 1 and 2 shalld be filed within 72 hours after d ar removal.	otic event, the medical examiner must be notified at once.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centificate be executed within 24 hours after beath. Toge 4 may retained by the haspital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, pagishauld be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages to and 2 shauld be filed within 72 hours after dewith the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar remayol.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather troumotic event, the medical examiner most be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

CERTIFICATE OF DEATH

	1-	REGISTRAR	8 RG.N	0.	0 0	12 4				
		CEASED NAME Mary	lizabe	the Rode	mexer	AST	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR 5
		MAR		٥,	Ro.	JEWEY EK	1-	11-	8/	1 PM
	3. SE		RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
9		temale	W	hite	12	-8-95	//	YRS		
1		COUNTRY	L CITIZEN OF	WHAT COUNTRY?	AAT COUNTRY? 8 MARRIED NEVER MARRIED 9			OR COUNTY O	FDEATH	
Md. COA.						DIVORCED	Dalfie	nore	City	MD.
L	R	(112 11)		HEACHITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	Hecht	INDUSTRY	F BUSINESS OR
-	USUA	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE		tesse.	Dates	Hechie	00.	
5	13a. S	MD 136 COUN	TY	Baltimo						. 21214
1	14 FA	THER'S NAME FIRST	NDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	1
2		Francis E.		Crosbie		Rose		Aul		
		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	16b SOCIAL SECU		17 INFORMANT	ADDR	~		
		no		213-09-4	213-09-4749 Mr. Frank W. Rodemeyer Same					
F		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per	-	. /	1		10	BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE		CHANC	也人	1 acie	· W/	И	-	
			DUE TO, O	R AS A CONSEQUE	NCE OF	mode	- 1			
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		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO F	EATH BUT	NOT BELATED TO THE TERMI	INAL DISEASE OF CON	DITION GIVEN	J IN PART 10	
G	NO	TARTE OTTER STOTE TO CART C	(6/	11 ceest	2	Aneuro.	INAL DISEASE ON CON	DINON CIVE		
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
4	TIE						YES NO	YES		NO [
9		210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DAY YEAR  216. HOW INJURY OCCURRE			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
7	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		M. 19					100	- 77.3
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC )	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	<	AT WORK NOT WHILE								
		220 1 certify that (I) (this hospital	-	4 4	60	19 87		19		that (I) (we) lost
		saw the deceased alive on obove, (1) (we) (did) (did not		ofter death.	/	nd that in (my) (our) opinion d	death occurred on the d	ate and hour a		
		226 SIGNATURE	h - 1	7		DEGREE	MEDICAL STA	FF	22c. DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPE OR	10-01	er	n	PHYSICIAN PHYSICIAN			11.1	10/1
		DIPHISICIAN SNAME (TYPEON	A /	1:3	He	Sood Al	6 rax	4. 0.	he.	21228
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(	Burial	July 1		oodla		Woodlaw	n Balt	EO. Me	d. STATE
		JNERAL DIRECTOR  Leonard J. Ruc	lr Tm	Dol + ADDRESS	M		E REC'D. BY REGISTRAR		AR'S SIGNAT	URE
		Dechard o. Ruc	K III.	DAT CYMOLE	, ma	LA Tama	UI 15 108	Y Asi	r .	V 1

DHMH - 16 60M 7/84 (VRA 15, 4)

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JUL 15 Ket July 18 1 JUL	. 21	CZER , DIOCITION .	al tolt .	MCPLOOL

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injury, or other troumotic

IMPORTANT: If them 21 is morked ar them 18 shaws any

STATE OF MARYLAND	1
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	<b>4</b> 7

1		STATE REGISTRAR			DEPARTA		ICATE OF DEATH	7 4	0	27	3
4		EASED NAME	FIRST		AIDDLE		AST	REG. N	MONTH DA	AY YEAR	2b HOUR
I		OR PRINT)	THOMAS	3	J.		ROHE JR.	JULY 27	1987		75° M
1	3. SEX	(	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
1	М	AI.E		WHITE		TAN	TUARY 23.1910	77	YRS.	O.V.II.S	MIC.
d	7a BIF	RTHPLACE (STATE O	OR FOREIGN 71		WHAT COUNTRY?			9 BALTIMORE CITY		OF DEATH	
-		ARYLAND		11	.S.A	WIDOWE		BAT.T	BALTIMORE CI		
		TY OR TOWN OF D	EATH I	1. NAME OF H	OSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND (	MD.  OF BUSINESS OR
1	B	ALTIMORE			H FACILITY, GIVE STREET /			(TYPE OF WORK FOR MOST MILLWRIGH		STEE	
4	MSUA	L RESIDENCE (FN		THER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				LSIEE	
	13a. S		136 COUNT	Υ	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		34 DOAD	21220
4		ARYLAND THER'S NAME			BALTIMO	RE	15. MOTHER'S MAIDEN NA	305 NO	TINGHA	M_ROAD	21229
b		FIRST		DDLE	LAST		FIRST	WIDDLE			st ,
4	14- 10	THOMAS VAS DECEASED EVI		J.	ROHE S		MARY 17 INFORMANT	ELIZABI		STROME	ERG
1		ES, NO OR UNKNOWN)		WAR OR DATES)			17 IIAI OKMAIAI	ADDR 3		JMBIA 1	LANE
		NO			214-01-6	5401	THOMAS J. I	ROHE III S	TEVENS		MD. 2166
			ATH (Enter only		line for (a), (b), and	d (c),1	Ve	M + tal	when	BETWEEN	MAJE INTERVAL
		TAKI I. DEATH	IMMEDIATE				0		1	1-1	14
		100		DUE TO, O	R AS A CONSEQUE	NCE OF	A.	50129		15	Yn.
1		Conditions, if a		(b)			14			-	
1		gove rise to i	ting the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
		underlying cou	use lost.	(c)							44
d		PART 2 OTHER SI	GNIFICANT CO	NDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVE	N IN PART 1	0
	ō										
1	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	WERE FINDI		
	TIE			to at				YES NO	YES		NO 🗆
7	E E	21a. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH DA	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT T OR PART 2)	100
	AL	OR CONTRIBUTING		P.		19					
1	MEDICAL	21d. INJURY OCCU		21e PLACE			211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	×	AT WORK NOT	WHILE	(AT HOME, STR	EET FACTORY, OFFICE, F	ARM ETC ]	JINCE!			62	7
		22a I certify that		l) ottended th	e deceosed from_		. 19_/6	, to	, 1	90/	that (I) (we) last
		sow the dece	osed of ve on	3	19_	5/10	nd that in (my) (our) opinion	death occurred on the o	lote and hour	and from the	couses stated
		226. SIGNATURE	Tala Lais-101)	view the body	offer deoff.		DEGREE			72c DATE	SIGNED
		( -	0	mond.	> 26h	-	ATTENDING PHYSICIAN	MEDICAL STA		1//	10/0/
-		22d. PHYSICIAN	NAME THE ON	110	1 7	171	22+ ADDRESS	J DIRECTOR D FF1131	CIAIA	-	
		11	AY)	mon	G 134	7/1	5	Me			
		URIAL, CREMATIO	N, REMOVAL	236. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	NALLOCATION.			
	- (	URIAL		7/30/	87 N	EW CA	THEDRAL	BALTIMO	RE	COUNTY	ARYLAND
	24 FU	JNERAL DIRECTOR					144	E REC'D. BY REGISTRA			
	L	EROY M. &	RUSSEI	L C. W	TZKE POPUN	ERAL	HOMES P.A. JU	12 3 1 1987	1	without	
		DAU EDITOR	TOOM W	TIMO DI QU	TIN A TIME	طالا والد	. 41440		W		

DHMH - 16 60M 7/84

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(VRA 15, 4)

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STATE OF MARYLAND

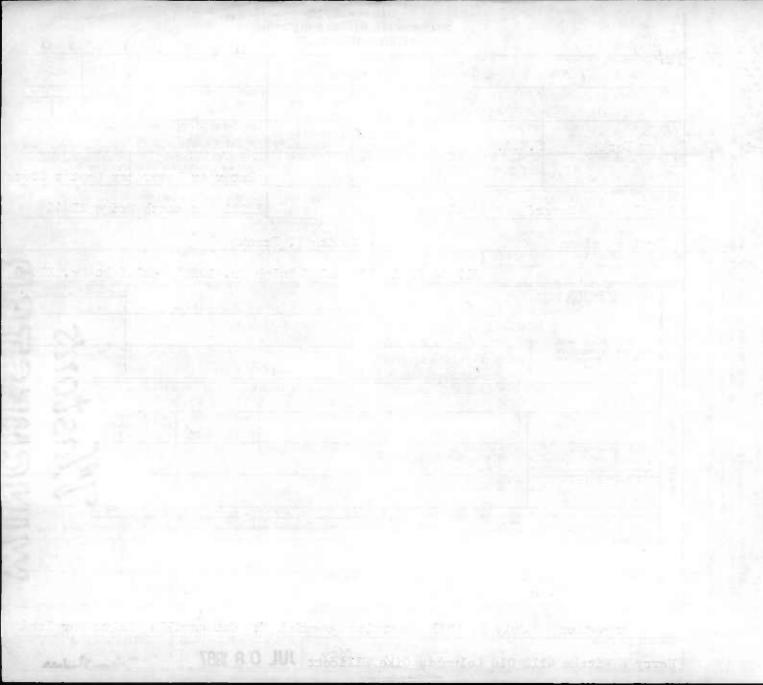
- STATE REGISTRAR			DEPART		EALTH AND MENTAL F	IYGIENE	losa va	2 0	1)	i. 8	
L DECEASED NAME	FIRST		LLIN		OLPH	20 DATE	OF DEATH M	ONTH DAY	VEAR 87	3. 40 AM	
J. SEX Fema		1 RACE	nite	S DATE (	DAY YEAR	6 AGE	NYEARS LAST BIRTH	YRS.	DER ) YEAR	IF UNDER 24 HRS HOURS MIN.	
70. BIRTHPLACE (ST COUNTRY) New Yorl	K.	U.S.A.	WHAT COUNTRY?	WIDOWE	DIVORCED  DIVORCED  DROTHER INSTITUTION	BA	ACRECITY OR	Re Cit	4	MD.	
Bactimber 1	re City	St.	AGNES	ADDRESS	spital .	TYPE OF W	ORK FOR MOST OF V	WORKING LIFE) IN	IDUSTRY	pt't Stor	
Maryland  Maryland	Howa:	ITY	Columbi	'N	13d. INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN	1022	1 Wesle	igth Dr	ive 2	21046	
Irving 1	Weiman	MED FORCES?	LAST	IRITY NO	Judith F.		ADDRES:	S	LAS		
IYES NO OR UNKNOY		E WAR OR DATES)	577 44 O		Samuel J Ro	olph Jr				Dr. 21046	
underlying PART 2 OTHE	R SIGNIFICANT C	(c)		e (	NOT RELATED TO THE T			TION GIVEN IN			
TIFEC				OFERATIO		YES [	YES NO YES NO RETURNING CAUSES OF DEATH? YES NO REPORT NO RETURN N				
OR CONTRIBUTION (IF EITHER NOTE 2 ld. INJURY O	VAS UNDERLYING COMMENT OF CAUSE OF DEA  FY MEDICAL EXAMINER  CCURRED  NOT WHILE COMMENT AT WORK	HOUR A. P. 21e PLACE	M. MONTH D. M.	19	21f LOCATION STREET	URRED (ENTER	CITY OR TOWN		COUNTY	STATE	
22a.1 certify t	hat (I) (this hospi deceased alive an (we) (did) (did no	7/2	e deceosed from19.8		nd that in (my) (our) opin	7 , to	rred on the dote		f from the		
	N'S NAME (TYPE O	PRINT)	LATHA		ATTENDING PHYSICIAN 22e ADDRESS		OR   PHYSICIA		7/0	2/87.	
	mation	236 DATE	23c. 1		iew Memoria	l Pk C	CATION LITY OR TOWN atonsvi			Maryland	
24 FUNERAL DIRECT		12 01d	Columbia	01 <u>d</u>		JL 08	Y REGISTRAR 25	h REGISTRAR'	SSIGNAT	URE De desarra	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept, of Health and Mental Hygiene prigr to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. injury, ar other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any



DHMH - 16 60M 7. (VRA 15, 4)

				STAT	E OF MARYLAN	D	Noney.		
	1.	FOR STATE	DEPARTN	NENT OF F	EALTH AND ME	NTAL HYGI	IENE		
		REGISTRAR		CERTIF	ICATE OF DEA	ATH	1 7 DEC NO.	- 5	^
IG -	56	EASED NAME . FIRST	WIDDLE		LAST		REG. NO	O YEAR	7h H DUR
N 2		OR PRINT)	511	, R.	omeo	1	7 2	I Co	Shallo
1		Thelmo	,				TI MS	81	8 WAW
9	3. SE		4. RACE	5. DATE (		YEAR		UNDER I YEAR	IF UNDER 24 HRS
2		7 Female	White	MONI	24	14	72 YRS		NOOKS MIN.
4.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUNTY OF	FDEATH	
14		COUNTRY	USA		D NEVER MA		B 11 C.)		
4		nnsylvania	0313	WIDOW		RCED	Daltimore - 17		MD.
10	10 C	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITU	JTION	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF	F BUSINESS OR
0	K	paltimore	Univers	sity I	Hospital	4673	Housewife .	Homem	aker
2	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	40AH			manan	CU1CL
56	130. 3	10 - 100.000	imore Dundalk		13d INSIDE CITY	0.00	13 STREET ADDRESS / ZIP CODE	A.P.	/ 07.000
_	14 54	THER'S NAME	more , buildark		YES N	© <b>⊠</b>	1977 never	1700/	21222
12	1	SHST (	MIDDLE LAST		ID MOTHER S M	MAIDEN NAM	WIDDIE	LAST	
	1	_ James , I	Homer Wome		He	ler	Kathleen	Wr	right
n	16a. V	VAS DECEASED EVER IN U.S. AF		RITY NO.	17 INFORMANT		ADDRESS		
La		No	215-12-58	273	Sandra F	Z Rom	neo 224 Detroit Ave	enue /	21222
	-	- Colon William			parata 1	1011	E 221 December 1110		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE	nly one cause per line for (o), (b), and ED BY:	d (cv.)		1 1			
		IMMED1A	TE CAUSE (o) Calche	) d 6V	110 >	NOCK		81	115
			DUE TO, OR AS A CONSEQUE	NCE OF	1 - 0				
		Conditions, if ony, which	( b) Myoca	0	al Into	arction			
		gave rise to immediate cause (a), stating the	)						
		underlying cause last	DUE TO, OR AS A CONSEQUE		Sal	4.1	Netrade		
10-			107		200	TO, I	OCT & CT		
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CONDITION GIVEN	IN PART 110	)
_	CERTIFICATION							Girlin	
1	V	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORM	Senta	200 AUTOPSY? 20b. IF YES, V		
1	E	7/31/87	Cardiogenic Sh	eck	Vaticular	- Defect	YES NOT YES		NO []
	8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
0		OR CONTRIBUTING CAUSE OF DE	ATTI	Y YEAR	1100000				
1	2	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		38			
/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC I	211. LOCATION		CITY OR TOWN	COUNTY	STATE
15)	3	AT WORK AT WORK							
		22a.l certify that (1) (this hospi	ital) attended the deceased from		131	19_87	_, to	87	that (I) (we) last
		saw the deceased alive an	7/31 19 8	7_, 01	nd that in (my) (or	or) opinion d	deoth accurred on the date and hour a	nd from the c	auses stated
		obove, (1) (we) (did) (did no 27b. SIGNA	at) view the body after death.		DEGREE	_	T 11 12 12 12 12 12 12 12 12 12 12 12 12	22c. DATE.S	SIGNED
		1/1/1/	1/19 m			ENDING	MEDICAL STAFF	-	2. 187
		July 1	100			YSICIAN [	DIRECTOR PHYSICIAN	1 1/	51/0/
/		THE PHYSICIAN'S NAME ITTHE			22e ADDRESS	ΛΛ	1 1 11	200	
		+	-uscharund		10.04	1110	what Ituspita		
1	23a. B	URIAL, CREMATION, REMOVAL		IAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		
-	- (	SPECIFY)					CITY OR TOWN	COUNTY	STATE
	24 51	Cremation	August3,1987 Gr	reen M	Mount Cre				Maryland
84		NAME	ADDRESS			ARIO O	REC'D. 8Y REGISTRAR 256 REGISTRA	- 0	0
	W	alter Brooks Br	adley, Inc. Dund	alk,	Md. 21222	AUG U	14 1997 glue Dans	istore Koare	dalle,

061736 AUG-567 47 M20059 Anchor Laline Children

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FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3. SE

7a. B

CERTIFICATION

MEDICAL

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 REG. NO.2	0 0 6	o U
LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Rorie	7/ 12/ 87		
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS

60

M	4 RACE B	5. DATE OF BIR	TH 28
RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVE

MIDDLE

W.

9. BALTIMORE CITY OR COUNTY OF DEATH EVER MARRIED WIDOWED

12b. KIND OF BUSINESS OR 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maint-Parks Balto.

III. CITY OR TOWN OF DEATH Balto.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Balto.

2608 Mura Street

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?" YES K

Daisy

Evelyn Rorie

26

13e STREET ADDRESS / ZIP CODE 2608 Mura Street 15. MOTHER'S MAIDEN NAME

Ward

14 FATHER'S NAME Unkerst

130. STATE.

16b SOCIAL SECURITY NO

LAST

17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HEYES, GIVE WAR OR DATES!

FIR51

13h\_COUNTY

Thomas

2608 Mura St.21213

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. Canditians, if any, which gave rise to immediate cause (a), stating underlying couse

MIDDLE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

,	.00		100	10	-	7
90. DATE OF OPERATION	196.	CONDI	ION FOR WHIC	H OPER	ATION	WASPER

FORMED

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES |

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d. INJURY OCCURRED NOT WHILE The PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION STREET

COUNTY

STATE

MD.

sow the deceased olive on\_ obove, (1) (we) (did) (did not) view the body ofter death 77h SIGNATURE

22a | certify that (1) (this haspital) oftended the deceased fram.

DEGREE ATTENDING A PHYSICIAN

MEDICAL STAFF PHYSICIAN

, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated

230 BURIAL, CREMATION, REMOVAL Burial

7/17/87

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill

Balto.

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

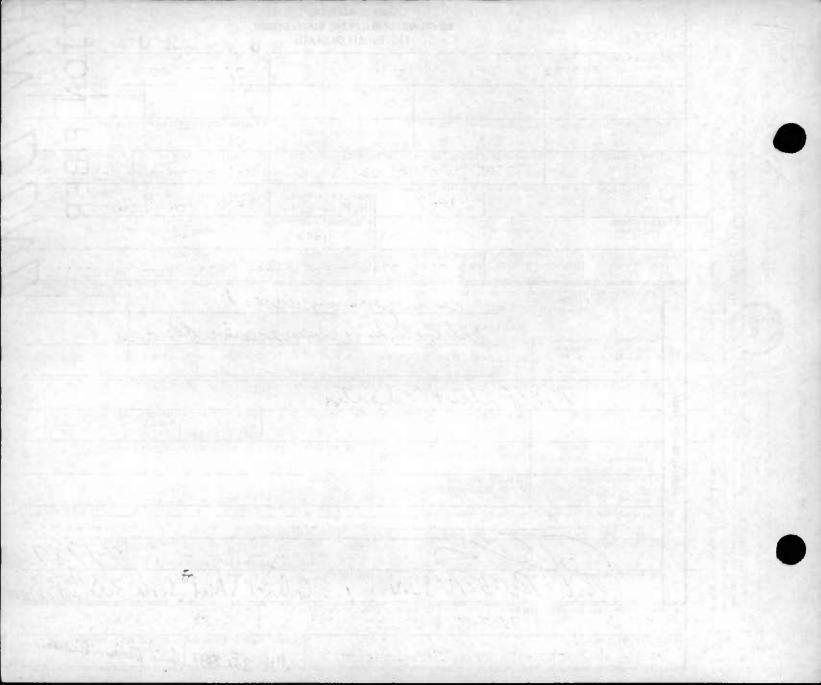
d b

5 4 00

24 FUNERAL DIRECTOR

22d PHYSICIAN

James A. Morton & Sons 1701 Laurens St



61385

FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

7 REG.	10.2	0	0 6	5
E OF DEATH	MONTH	DAY	VE AD	21. 110

Julia Devilor Pandas

SU 01	REGISTRAR		CENTIL	ICATE OF DEATH	REG. NO	o.	
	ECEASED NAME FIRST	MIDDLE	1	LAST	20. DATE OF DEATH		2b. HQUR
	SAMUEL T.	ROSS			7-28	- 87	7 PM
3. S		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
	MALE	cohoral	SEP.		75	YRS DA	
70 1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
2	MAJA. Co. Md	U.S.A.		ED DIVORCED	1371711	JORE. E.	TY MD.
C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12b. KINI F WORKING (IFE) INDUST	D OF BUSINESS OR
4	BALTO. C.TY	740 POPLAR GA		BALTONIO		RICER TIS	
USI 13a	JAL RESIDENCE (IF NURSING HOME OR STATE 13b) COUN	OTHER INSTITUTION GIVE RESIDENCE BEI	OWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE 2/ WAR GROU	2159
14.1	ATHER'S NAME	MIDDLE LAST	/	15. MOTHER'S MAIDEN NA			
)	ALFRED .	1705	5	ALBERTA	WIDDLE	GRO	55
	WAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRE	SS	
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 214-18	7-63081	SULVIA /T	055 285	4 W. LAN	VALE ST
	TIR CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b),	olid (c.)	111111	. 11	APPE APPE	POXIMATE INTERVAL
	PART 1. DEATH WAS CAUSE	DBY. A TOTAL	til	hast Sailer	e with of	ear billings	7 Year
	IMMEDIA	1	10000	really tong	1 1:	1	1
	C 100 07 101	DUE TO, OR AS A CONSEC	QUENCE OF	- file las	X 1	0110 1	
	Canditians, if any, which gave rise to immediate	(b) United	marco.	rauc 110	ary our	The same of the sa	serar 1990
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF				0
		( (c)					
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
T OF		The statement receives	IN I WHO I I YES		28s AUTOPSY?	706 IF YES, WERE FIN	IN MARKE LINES
CERTIFICAT	19s DATE OF OPERATION	18 CONDITION FOR WHI	ICH OPERATIO	IN WAS PERFORMED	200 AUTOPST?	IN CERTIFYING CALL	
스불					YES NO	YES 🗌	№ □
0 8	The account was understing [		DAY YEAR	THE HOW INJURY OCCUP	RRED   Install water of min	Print High 18 PART LORPART	21
7 3	TARTINGS HOLLAN WEDE SERVINGS		19	/			
/ WEDIC	THE INJURY OCCURRED	21s. PLACE OF INSURY		ZII LOCATION	contacto	www county	STATE
2	AT WORK TO NOT WHAT TO	TAT HOME STREET PAGEORY GAZ	CE. FARM, ETC.)	1 /		1	NIW.
		tal) attended the deceased from	m -	9/26:07	2 10 7	12-8 10 X 1	that (I) (we) last
	saw the deceased alive on	7/28	00-1	nd that in (my) (our) apinion	death occurred on the de	ate and hour and from	
	obove, (I) (we)   with   did no	t) view the body after death.	-	DEGREE			ATE/SIGNED/
	THE STONATURE AWG	town V	117	ATTENDING	MEDICAL STAT	11 7	129187
-		reward,	11177	PHYSICIAN	DIRECTOR   PHYSIC	IAN []	10/1
	THE HYSICIAN'S NAME (TYPE C	RPRINTI	17	22e ADDRESS	marcal	RIVIN	
	Je VVI	SEWAN		2300 67	TKKISUN	DL VI)	r
23a	BURIAL, CREMATION, REMOVAL		3c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	SURIAL	8-1-87	MOSES	S CEMETERY	LOTHIN	A.A. CO.	Md.
	/ / / / · ·			126 DA			1 .

W. Hayes 3112 Rousterstown Rd. 21215

DHMH - 16 60M 7/B4 (VRA 15, 4) director page 3

3 SEX

059360 JJ 14 FOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE DATE OF DEATH 26 HOUR FIRST MONTH TYPE OR PRINTI 4:10p 11 87 ROSSI ALAN LEONARD 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR MONTH DAY YEAR male. white 37 50 YRS TO. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA BALTIMORE CITY Uniontown Pa. DIVORCED XX WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
ST. AGNES HOSPITAL INDUSTRY Selesman BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI Randa I I stown 3805 Marriottsville Rd. 21133 113d. INSIDE CITY LIMITS? mD NO YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME

	Vero	Edward	Rossi	Mary	Ellen	Purnel1
200	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213-60-4410	Mr. Vero E. Ro	ssi Randa	ss llstown, Md.
	18 CAUSE OF DEATH PART I. DEATH W.		line for (a), 1b), and (c).	9		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, gave rise to imm couse (a), stating underlying cause	which mediate	R AS A CONSEQUENCE OF	- / /	infund Sail	7/6-7/11
		S Disse	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	DITION GIVEN IN PART 110
1	19a DATE OF OPERAT		ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
)	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOUR A.	M. MONTH DAY YEAR  7 // 19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2)
	21d INJURY OCCURR  WHILE NOT WH AT WORK	LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TO	VN COUNTY STATE

ond that in (my

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Carroll Cremation

ATTENDING

PHYSICIAN

900 S. CATON

DEGREE

DIRECTOR

FUNERAL

0

DHMH - 16 60M 7/84 (VRA 15, 4)

for use as the burial-transit permit. I of Health and Mental Hygiene prior Item 18

should be detoched with the Stote Dept

MPORTANT

morked or

Cremation

27# PHYSICIAN'S NAME (TYPE OF PRINT)

sow the deceared above, (1) (we) did

24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md.21136

(this hospital) attended the deceased from

did not) view the body ofter death

pen

23b. DATE

July 12,87

Hampstead, Md.

STAFF

AVENUE BALTO.

PHYSICIAN

MEDICAL

DIRECTOR

23d LOCATION

pinion death occurred on the date and hour and from the causes stated

MD.

STATE

22c. DATE SIGNED

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TO THE OWNER OF			
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made the still vertice of the		mer libert -	
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Commission of the second	There is convey		
		and the same of	
196-2/1 3-3-4			
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	Material Co		
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D.

603

may be

37

ly filled in by the funeral director page 3 should be filed within 72 hours after death

JUL

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	0	6	9
REG. NO.			188	
DEATITE WOLLS	. 4 6 24			

PTKESVILLE MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1111 2 1 1007 Julia Director Residents

1	FOR			DEPAR	TMENT OF H	EALTH AND	MENTAL HY	GIENE	10 A	0	(3)		4	1	
20	STATE				CERTIF	ICATE OF	DEATH	8	REC	G. NO.	U	0	9	3	
	CEASED NAME	FIRST	A	MIDDLE .		AST		20 DA	TE OF DEAT	HT MO	NIH 180	DAY 87	AR	26 HOL	JR
(111)		OHN	DE	NIS	ROT	TH .		13.9	0,	7-1	8-	87		7:2	3AM
3. SE	( M . I.a	1	RACE	1	5. DATE O		18 YEAR 3		(IN YEARS LA	ST BIRTHDA		IF UNDER T	YEAR DAYS	HOURS	MIN.
1 41	THORE		0010		12	18	34		Da		YRS				
Jar BI	RTHPLACE (STATE OR F	A 7	U.S.	A,	MARRIEL		MARRIED A	X BAL	Jalti	mo	-	Cit	4		MD.
10 CI	Baltimo	TH 1		HOSPITAL, NURS H FACILITY, GIVE STREE		ital	STITUTION		WAL OCCU F WORK FOR M	OST OF WO				BUSIN	ESS OR
13a S		136 COUNT		136. CITY OR TO		YES	CITY LIMITS?	1	EET ADDRE	ESS / ZI	P CODE	Cour	212	208 Rd.	
14. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	WILL	){ F					
1	JOHN		F.		TH	H	elen		N	L.			GR	EINU	JS
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC		17 INFORA			PT 28	DORESS	MONTE	ROSE	MAN	IOR	
	Y25		1957	21332	7873	HELE	I L. RO	TH C	ATONS	VILI	E, N		2.12		
4	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), a	and (c)							BET	PPROXIN	NATE INTE	RVAL DEATH
	PARTI DEATH W		CAUSE (o)	seps	is										
			DUE TO, OI	R AS A CONSEQ		0			1						
	Conditions, if any,		(b)_	crypt	000	ccal	men	ina	itis						
	gove rise to imm	g the	DUE TO, OF	R AS A CONSEQ	UENÇE OF			0		_	,				
	underlying couse	lost.	(10)	Agum	ed 1	mmu	node	LIRC	ency	24	ndre	ונר			
Z	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	MINALDI	SEASE OR	ONDIT	ION GIVI	EN IN PA	RT 110		
ATIC	190 DATE OF OPERA	HON	19b. CONDI	TION FOR WHIC	H OPERATION	N WAS PERF	ORMED	20a	AUTOPSY?			, WERE F			
MEDICAL CERTIFICATION	NIA		1	Atu				YES	Пио			YING CA	USES	OF DEA	
CER	210. ACCIDENT WAS UNE	DERLYING	216. TIME O			21c. HOW	NJURYJOCCUE	RRED (EN		- V			RT 2)		
A	OR CONTRIBUTING (		HOUR A.		DAY YEAR		NA								
EDIC	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f. LOCA		1	CITY	OR TOWN		COUN	TY		STATE
E	WHILE NOT WE	RK	(AT HOME, STR	EET FACTORY, OFFICE	E, FARM, ETC.)		10/7	4							
111	22s.I certify that (1)	(this hospite		e deceased from	7.2		1987	, to.	7.	18	,	19 8-	2 1	hot (1) (	we) lost
0	sow the decease above (1) (we) (	d plive on_	7 · 18	atte death	87, on	nd that in (m	y) (our) opinion	n death ac	curred on t	he dote	and hour	ond from	n the c	ouses st	oted
	226 SIGNATINE	1 4	- 11	11	1	DEGREE						22c.	DATE S	IGNED	-
	411	ha l.	NX	-			PHYSICIAN	☐ DIREC	CAL TOR PH	STAFF	WE S		1.1	2. 8	4
	22d. PHYSICIAN	WE TAM ON	mod (1)	. /		22e ADDR				-					
	VA	et nel	W.I.	alligh		ST.	AGNES I	HOSPI	TAL, B	BALT	LMORI	E, MI	).		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY O	RCREMATORY	23d	LOCATION CITY OR TOW			COUNTY			STATE

CHARLES

7/21/87

24 FUNERAL DIRECTOR LEROY: M. & RUSSELL C. WITZKE-FUNERAL HOMES P.A.-1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, as removal.

injury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows

BURIAL

060	857 JUL 2	RIR	FOR STATE			DEF		EALTH AND MENTAL H	YGIENE 7	200	64
	/	I. DEC	EASED NAME	FIRST		MIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	od dece		F	ran		A.	R	011		7.25.	87 9 PM
	4 di 0	3. SEX	ale		Cauca:	sian	5. DATE C	4-1898 YEAR	6. AGE (IN YEARS LAST B	MONTHS	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	Page I direc	₹a Bl	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF		NTRY? 8		89 yrs	OR COUNTY OF DE	ATH
	Jun 72		Q.			JSA	WIDOWE		]   Baltim	ore City	MD.
201	by the full filed with indiffed	В	altimore		Unio	n Mem	orial H	or other institution	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Shipfit	ter IND	kind of Business or Ustry Union
ARYLAND 2120	filled in hauld be	13a. S M	AL RESIDENCE (IF NURSI TATE d.	13b COUN		13c CITY OF		136. INSIDE CITY LIMITS?	124 S.	ZIP CODE 2 Bouldin	Street
MARYI	d with		ndrew		#8"tt	LAS	T	Margare		fling	LAST
ORE, I	9 9 9		/AS DECEASED EVER		MED FORCES?	- V	SECURITY NO.	17. INFORMANT	ADDI	212	
BALTIMOR	he 1.70 he	n				•		A George	Rott 3533		
ST., BA	p physic on pape amoval event, il		PART I. DEATH W.		nly ane cause per ED BY: TE CAUSE (a)	Con o	estive	Hear T F	ailure	BE	APPROXIMATE INTERVAL LETWEEN ONSET AND DEATH
PRESTON	anth ce corbin, or r motic		C- 111		DUE TO, O		SEQUENCE OF A	57 Thuis	IM 0/2	Commis	· ii ola
	the de remotic en tros		Conditions, if any, gove rise to imm couse (o), stating	nediate	DUE TO, OI		SEQUENCE OF	O		Compre	2 Minus
201 W.			underlying couse		(c)		>/D M	I dena	feilure	COPD	1/25
	100000	N O	CA of	CRA	CA:	ONTRIBUTING	G TO DEATH BUT	COPD THE TE	RMINAL DISEASE OR COL	ADITION GIVEN IN P	Q CA
DIVISION OF VITAL RECORDS,	C 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	NON FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		AUSES OF DEATH?
VITAL	S short	CERTI	71s. ACCIDENT WAS UND		Windschaff, All		DAY YEAR	THE HOW INJURY OCC	YES NO D	YES DEFINE THE PART I GHT	NO []
NOF	SECTA TO PA Certific Total A	MEDICAL	ON CONTRIBUTION C	AL EXAMINE	4	м.	19	N/I	4		
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۵	NON S OF S		22s.1 certify that (I)	Ohis hospi	tol) offended the	e deceased (		5/87 10_	10 De	26 10_	that (I) (we) fast
	ATTE oupting ECTO ed for out of it	-	saw the decrase above; (f) (we) (d	d olive an	I view the body	after death.		nd that in (my) (our) opini DEGREE	on death occurred on the		om the connex stated
	AL OF the the the the the the the the the the		100	Lu	1./	1) ma	B m	ATTENDING	MEDICAL ST	AFF	7/26/87
	etoined by TO FUNER, should be d with the Sto		22d. PHYSICIAN'S NA		-	Novi	L	224. ADDRESS	11 - 1	11 . 7	- 1
	retained TO FUN should b with the IMPORT.	23a B	URIAL, CREMATION, I	me,		7 400 0		EMETERY OR CREMATOR	Memorial Y 1236 LOCATION	Hospile	al
	BP	B	urial	LMOVAL	7-29	-87	Sacre	d Heart o	f Jesus Ce	m. Balt	o., Md.
	DHMH - 16 60M 7/B4	24 S	chimunek	Fun	eral Ho	ome,	Inc.	11111	ATE REC'D. BY REGISTRA		
	(VRA 15, 4)	3	331 Brehr	ns L	ane, Ba	alto.	, Md.	21213	4 (3)	please of the realist	a dissipation

STATE OF MARYLAND

STATE OF MARYL	AND	
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HYGIENE

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0.0	11	FOR			DEP	ARTMENT OF I	EALTH AND	MENTAL HYG	IENE	63 7	1. 1	ba 11	9
8 0 JUL 29	BY	REGISTRAR ]	Mary M	. Rozan	ek	CERTII	ICATE OF	DEATH	3 / RE	G. 140.	JU	0	
150	I. DEC	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA		DAY	YEAR 2b	HOUR
25 10	TYPE	OR PRINT)		MARY	M.	T.	02AN	IEK		07	25 8	7 0	0630 M
9	1 SEX	ζ	14	RACE		5. DATE			6. AGE (IN YEARS L		IF UNDER	-	UNDER 24 HRS
40		FEMALE		WHIT	E	MONT		YEAR	92		MONTHS.	DAYS H	OURS MIN.
120	Zo BII	RTHPLACE (STATEORI		b. CITIZEN OF		DAS 8	15	94	9. BALTIMORE C		RS. DE DE A	TH	
200		OUNTRY)		US	WIIAI COON	MARRIE		MARRIED -		_		(111	
10-		ECHOSLOV			IN INTIGOR	RSING HOME		NORCED [	120. USUAL OCCI		CITY	20.014	MD.
2/1		ALTI MORE		(IF NOT IN SUC	H FACILITY, GIVES	TREET ADDRESS)			(TYPE OF WORK FOR	AOST OF WORK	ING LIFE) INDL	JSTRY ,	
9		AL RESIDENCE (IF NURS				ME GEN	ERAL H	OSP	HOME	MAK	ER	N/	4
45	13a. S	TATE	13b. COUNT		136. CITY OR		13d. INSIDE	CITY LIMITS?	13e.STREET ADDR	ESS / ZIP C	CODE		
E		WD.	24,000	7	BALTI	MORE	YES 🖃	-		PLAND	ST.	2/22	6
760	14. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER	R'S MAIDEN NAM	AE MID	DLE		LAST	4 - 21
(\$)()		VINCENT			KRE	PELICA	ANT	OWIA			No	VOT	NA
0		VAS DECEASED EVER		NED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORM.	ANT	A	DDRESS			
medi	(	NO	(IF TES, GIVE	WAR OR DATES)	213-42	1-8081	LUDM	ILA ROZ	ANEK 13	5 PUP	LAND ST	· BA	U.M.D.
a a		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (n) (b	) and (c) )					95	APPROXIMAT	E INTERVAL ET AND DEATH
ent		PART I. DEATH W	'AS CAUSED	BY:		pulma	NARY	ARRE	EST		- 54	THE RESIDENCE	I AND DEATH
ne ve		1000	IMMEDIATE										
e ca nn, o		C 120 17	4	DUE TO, OF	R AS A CONSI	es the	no.t	failure					
trou		Conditions, if any,	nediate	(b)	20109	el line	C BOLT	10011-00					
cren		couse (a), statin		DUE TO, OF		OUENCE OF	Sales and						
or of				(c)	120.00								
a bu	z	PART 2. OTHER SIGN					NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN P	ART lio	
y in	TI I	19a DATE OF OPERA	UNIE		SIZUR	ICH OPERATIO	ALVA/AC DEDE	OBJED	20a AUTOPSY	Lant I	E VES MEDE	ENIDINIC	LICER
e price	CERTIFICATION	W/A	IION	148 CONDI		A-	N WAS PERF	OKWED	100	INC	FYES, WERE ERTIFYING C	AUSES OF	DEATH?
Show	E I			21b. TIME O			Tax manua		YES NO		YES 🗌		10 🗌
al Hy		OR CONTRIBUTING	la mad	110110		DAY YEAR	ZIC HOW I	NJURY OCCURR	ED (ENTER NATURE C	F INJURY IN ITE	M 18 PART 1 OR P	ART 2)	
Her	CA	(IF EITHER, NOTIFY MED)		P./		19							
WP	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE (	OF INJURY	FICE FARM ETC )	211 LOCATI		CITY	OR TOWN	COU	NTY	STATE
rked	2	AT WORK AT WO	RK										
mo		220.1 certify that (1)	(this hospite	ol) ottended the	e deceased fr	om 6 - 1	Ų.	, 19 87	_, to 7-25		. 19 8	, tho	t (I) (we) lost
or by H		sow the decease above, ((1))(we) (A				60		) (our) opinion o	leath accurred on	the date and	hour and fro	om the cou	ses stated
e B		22b. SIGNATURE	nia y (dia not)	view the body	offer death.	,	DEGREE				220	DATE SIG	NED
#		12000	AT Th	1612	MUZI			ATTENDING _	MEDICAL	STAFF			5-87
Z	-	22d. PHYSICIAN'S NA			(		22e. ADDRE	PHYSICIAN _	DIRECTOR   PI	HYSICIAN L		-	,
MPORTANT				2. RAM	1057					1.00			0.000
with the Stote		ROB							ME GEN. 1		HAMOVE	are SI	ISHCT. RUN
	23a. B	URIAL, CREMATION,		23b. DATE	0-	23c. NAME OF C			23d. LOCATION	WN	COUNTY	, 4	STATE
		Burial	-	7/28/	07	Holy Cr	oss Cer	metery	Broo	klyn	Α.	.A.	Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

Brooklyn

Md.

24 FUNERAL DIRECTOR 21225

George J. Gonce 4001 Ritchie Hgwy. Balto. Md. 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

•

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH DAY YEAR MONTH TYPE OR PRINTS poge . S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR FUNDER 24 HRS 3 SEX RACE 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED MD. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION R TOWN OF DEATH 126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY JUSCWIFE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 130 STA 13h COUNTY 13e.STREET\_ADDRESS\_/ ZIP CODE 13d INSIDE CITY LIMITS? NO 14 FATHER'S NAME O MIDDLE CA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN I IF YES GIVE WAR OR DATEST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY SUDIOGN IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF HYPOLITIES TO THE STATE OF YUS Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 12 xgplc COUDSHOMOSCICION 19n DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY3 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ YES [ NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220 1 certify that (H) this haspital) attended the deceased from JUNEMINGY saw the deceased alive on\_ and that in my (aur) opinion death occurred an the date and haur and fram the causes stated er till (bib) (awid) pende DEGREE 77% SIGNATURE **ATTENDING** MEDICAL th the Store ( 11400 DIRECTOR | PHYSICIAN PHYSICIAN I

77# ADDRESS

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

una Dandon-Aprobation

73: NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

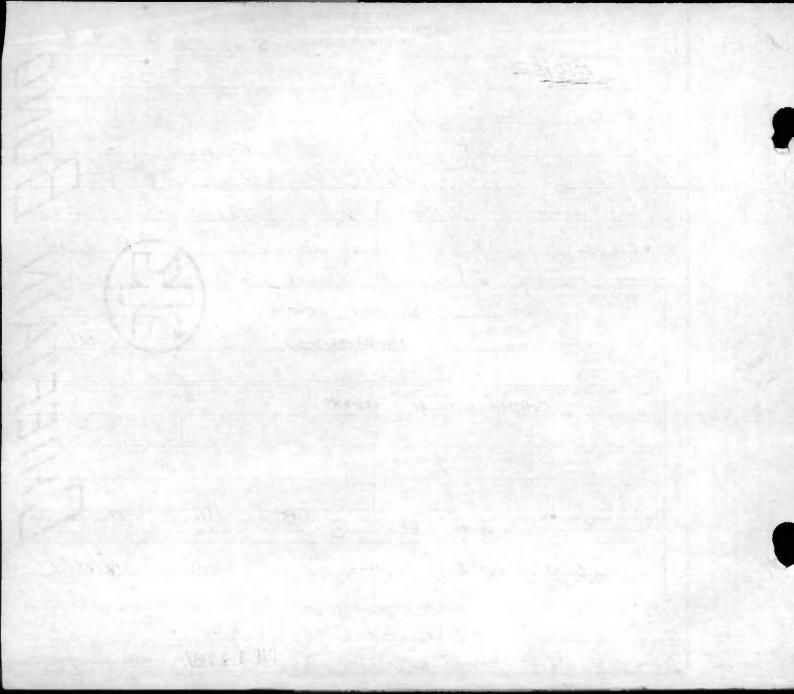
(VRA 15, 4)

274 PHYSICIAN'S NAME (THE DEPOSIT

73b DAR

236 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR



8

72 hours after death

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REG. N	2 0	Ü	O	
TE O	EDEATH	MONTH	DAY	YEAR	т

1 - ST			DEPARTM	CERTIF	ICATE OF DEATH	REG. N	0		26 8
DECE A	ASED NAME FIRST JAME		IDDLE		USINEK	JULY 10	MONTH	B7	3:401
3. SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HR
N	Male	White	2	Nov		70	YRS.		1.00%
	HPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
Mo		USA		WIDOWE		Baltimore	City		/
CITY	OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS C
	ltimore	LChurch	Hospital			unknown			
STAT	RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
Md.			Baltimo:	re	YES NO	824 S. Ker	boow	Ave. 21	224
FATHE	ER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	51
	Gabore1		Rusinek		Anna			Unknow	
	S DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	ESS		
NO.	NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	213-05-6	576	Josephine Ru	-incl- 024 (	7 77.000	7-	
C	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR	ASPIRA AS A CONSEQUE	TION NCE OF ATIO	PNEUMONIA C CANCER OF			BETWEEN	ONSET AND DEAL
C 90	PART I. DEATH WAS CAUS IMMEDI Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR	ASPIRA AS A CONSEQUE METAST AS A CONSEQUE	NTION NCE OF NCE OF		THE LUNG	NDITION GIV		
C 9 00	PART I. DEATH WAS CAUS IMMEDI Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR  DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)	ASPIRA AS A CONSEQUE METAST AS A CONSEQUE  NTRIBUTING TO D	NCE OF PATION NCE OF NCE OF DEATH BUT	C CANCER OF	THE LUNG	20b. IF YES	EN IN PART 11	o NGS USED OF DEATH?
P A 19a	PART I. DEATH WAS CAUS IMMEDI.  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  ART 2 OTHER SIGNIFICANT  DATE OF OPERATION  DATE OF OPERATION  CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS COI  196 CONDIT	ASPIRA AS A CONSEQUE METAST AS A CONSEQUE NITRIBUTING TO D TION FOR WHICH (	NCE OF CATIC	NOT RELATED TO THE TERM NOT WAS PERFORMED  216. HOW INJURY OCCUR	THE LUNG  NINAL DISEASE OR CON  200 AUTOPSY?  YES \( \sigma \text{NO} \text{X}	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	o NGS USED
PA 19a 21i on (21i w	PART I. DEATH WAS CAUS IMMEDI.  Conditions, if any, which gave rise to immediate couse (a), stating the orderlying cause last.  ART 2 OTHER SIGNIFICANI  DATE OF OPERATION  CONTRIBUTING CAUSE OF DERIVING OR CONTRIBUTING CAUSE OF DERIVING	DUE TO, OR  (b)  DUE TO, OR  (c)  T CONDITIONS COI  19b CONDIT  21b. TIME OF HOUR A.M  P.M  21e. PLACE O	ASPIRA AS A CONSEQUE METAST AS A CONSEQUE NITRIBUTING TO D TION FOR WHICH (	NCE OF CATIC NCE OF OPERATIO OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION SIREET	THE LUNG  INAL DISEASE OR CON  200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJURE)  CITY OR TO	20b. IF YES IN CERTIF YE VRY IN ITEM 18 F	S, WERE FINDING CAUSES S CARTION PART 2) COUNTY	o NGS USED OF DEATH?
19a 21i 01 ( 22i 47 22i	PART I. DEATH WAS CAUS  IMMEDI.  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  ART 2 OTHER SIGNIFICANT  DATE OF OPERATION  ID. ACCIDENT WAS UNDERLYING ID. CONTRIBUTING CAUSE OF DE ID. CONTRIBUTING C	DUE TO, OR  (b)  DUE TO, OR  (c)  T CONDITIONS COI  19b CONDIT  21b TIME OF HOUR A.M  P.M  21c PLACE O (AT HOME, STRE)	ASPIRA AS A CONSEQUEI METAST  AS A CONSEQUEI  INTRIBUTING TO D  TON FOR WHICH (  TON FOR WH	NCE OF PEATLO NCE OF OPERATION OPERA	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION SIREET	THE LUNG  200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU- CITY OR IC.	20b. IF YES IN CERTIFY YE YES URY IN ITEM 18 F	EN IN PART 1:  S, WERE FINDI YING CAUSES S	ONGS USED OF DEATH? NO STATE that (I) (we) I couses stated
211 or (211 × AT 221	PART I. DEATH WAS CAUS IMMEDI.  Conditions, if any, which gave rise to immediate couse (a), stating the couse (a), accident was underlying as Contributing (a), cause of a couse (a), accident was underlying as couse (a),	DUE TO, OR  (b)  DUE TO, OR  (c)  TONDITIONS COI  19b CONDIT  19b CONDIT  19b CONDIT  21b TIME OF HOUR A.M  21c PLACE O (AT HOME, STRE)  Pital View the bady of	ASPIRA AS A CONSEQUEI METAST  AS A CONSEQUEI  INTRIBUTING TO D  TON FOR WHICH (  TON FOR WH	NCE OF NCE OF OPERATION OP	NOT RELATED TO THE TERM IN WAS PERFORMED  216. HOW INJURY OCCUR  217. DEGREE  ATTENDING PHYSICIAN DEGREE	THE LUNG  200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU  CITY OR IC  DIRECTOR PHYSI  MEDICAL STA	20b. IF YES IN CERTIF YE ARY IN ITEM 18 6	COUNTY  22c. DATE	on NGS USED OF DEATH? NO That that (I) (we) I couses stated SIGNED
211 Or (211 A) AT 221	PART I. DEATH WAS CAUS  IMMEDI.  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  ART 2 OTHER SIGNIFICANT  DATE OF OPERATION  ID. ACCIDENT WAS UNDERLYING ID. CONTRIBUTING CAUSE OF DE ID. CONTRIBUTING C	DUE TO, OR  (b)  DUE TO, OR  (c)  TONDITIONS COI  19b CONDIT  19b	ASPIRA AS A CONSEQUEI METAST  AS A CONSEQUEI  INTRIBUTING TO D  TON FOR WHICH (  TON FOR WH	NCE OF NCE OF OPERATION OP	C CANCER OF  NOT RELATED TO THE TERM IN WAS PERFORMED  216. HOW INJURY OCCUR  217. HOW INJURY OCCUR  218. HOW INJURY OCCUR  AND I	THE LUNG  200 AUTOPSY?  YES NOIX  RED (ENTER NATURE OF INJU- CITY OR TO  death occurred on the company of the c	20b. IF YES IN CERTIFY YE WAS IN ITEM 18 F	S, WERE FINDING CAUSES S ART I OR PART 2)  COUNTY 19 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	NGS USED OF DEATH? NO That that (I) (we) I couses stated SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

WEBER+ Sons

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers: Fewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event.

ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP.

retained by the haspital ar attending physician.

THE RELEASE OF THE PROPERTY OF

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	U	J	0
	REG. NO.			

060676 QUE	57.	FOR STATE FEGISTRAR			DEP			CATE OF I	MENTAL HYC	SIENE /	REG. NO	2 0	0 6	5
000010 300	I. DE	CEASED NAME	FIRST		MIDDLE		17	ST		20 DATE C	F DEATH		DAY YEAR	2b. HOUR
be eath	(TAb)	FRE	ED			R	usse	11		Ju.	ly 19,	1987		5:59 A
may b page	3. SE	X		1. RACE		5	DATE O	F BIRTH			YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
ctor s of		Male		Black			55/	25/25	YEAR	6	2	YRS.	MONTHS DAYS	HOURS MIN.
8 93/1/0	7a. B	INTHPLACE (STATE OF FO	REIGN	L CITIZEN OF	WHAT COUN	ATRY? 8			MARRIED -	9 BALTIM	ORE CITY O		Y OF DEATH	
1 1 7 0	F	lorida		USA	A		VIDOWE		NORCED	Ва	ltimor	e Cit	:y	MD.
11/10		ITY OR TOWN OF DEAT	H	11. NAME OF	HOSPITAL, N			R OTHER INS	TITUTION		OCCUPATE			OF BUSINESS OR
5 1 17		Baltimore		Me	arylan	d Ge.	nera.	l Hosp.	ital	1111201 110			"THE STATE OF THE	
AND 212 Lilled in sould be	ÚSU 13a. :	AL RESIDENCE (IF MURSIN STATE Md.	IG HOME OR O		13c CITY OF Baltin	NWOT 9		136 INSIDE C	NO 🗌	13. STREET 1810	ADDRESS McCu	ZIP COD	€ St. 212	17
MARYLA MA	14. F/	ATHER'S NAME FIRST	? "	NIDDLE	LAS	ST.		15. MOTHER	S MAIDEN NA FIRST	ME ?	MIDDLE		LAS	51
RE.		WAS DECEASED EVER IT		MED FORCES?	166 SOCIAL			17 INFORMA	ANT		ADDRE	SS		
IWO IWO	. '	YES, NO OR UNKNOWN)	(IF 1ES, GIVE	WAK OK DATES)	146-14	+-623	36	Marily	n Clay	ton 53	3 W. I	Lafay	ette Av	e. (17)
W. PRESTON ST., BALTIMORE, MARYLAND 2120 of the death cert cate be executed within 24 hours by the attending viceday of completely filled in the se remove corbon correction. Or entitled in the cremotion, or entitled and share traumark event, the medical examiner morter in other traumark event.		Canditians, if any, gave rise ta immucause (a), stating underlying cause	which	DUE TO, O	RASACON: Left	SEQUENCE SEQUENCE	CE OF		rrest and At	electa	nsis		BETWEEN	WATE INTERVAL ONSET AND DEATH
201 es the pleo uriol,	CERTIFICATION						ATH BUT	TH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 1:0					NGS USED OF DEATH?	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r offending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (1F EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE	AUSE OF DEAT ALEXAMINER)	HOUR A. P. 21e PLACE	M. MONTH		19	21c HOW IN	ON			RY IN ITEM 18		STATE
DIV OR ATTENDING e hospital or or DIRECTOR: After sched for use as t Dept of Health of		22a.1 certify that X ( sow the deceased abave, (I) X e) (di 22b. SIGNATURE	this haspite	al) attended th  July ) view the bady	e deceased ( 19 ofter death.	fram	July 87, on		_, ,,	<i>Ju]ម្ប</i> ា death accur		ate and ha	ur and fram the	SIGNED
At At At Get Date		C	1	low				104	ATTENDING PHYSICIAN [	MEDICA DIRECTO	STAF		7-2	0.87
HOSPIT Sined by FUNER ould be out the the Sit		22d. PHYSICIAN'S NA/		Ravi,	M.D.			22e ADDRES	ss /oMaryl	adn Ge	eneral	Hosp	ital	
5 g 5 g 3		BURIAL, CREMATION, R	EMOVAL	236 DATE	107			METERY OR	CREMATORY	23d. LOC	ATION			N. J. STATE
BP_		Burial		7/22/	87	Mt.	Zic	n Cem.			sdowne		. A COUNTY	Ma
	24 F	UNERAL DIRECTOR							25a. DA	E PECIO, BY	REPORAR	256. REGIS	TRAR'S SIGNAT	الله المعالم

DHMH - 16 60M 7/B4 (VRA 15, 4)

Chas. A. Rice FSPA 1300 Eutaw Pl.

060676 1123

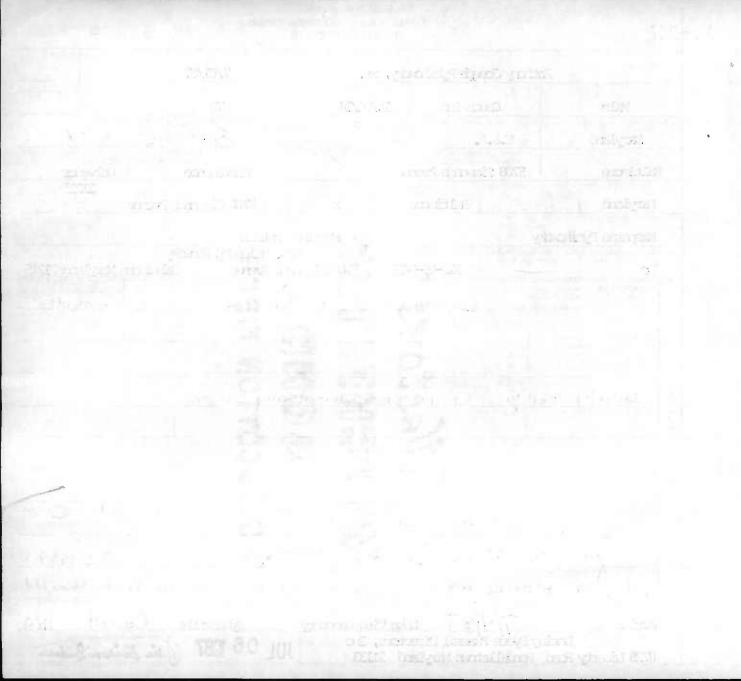
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	0	6	
REG NO	9	60	7	

728 111		9.8	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH	SIENE 8 /	REG. NO.	0 0 6	9
m #	Ī		CEASED NAME	FIRST		MIDDLE		ASI		20 DATE OF D		DAY YEAR	26 HOUR
page 3				Ant	hany Jas	eph Rybiko	wsky, S	tr.		7/0			
Her o	1	3. SE)		4	RACE		5. DATE C		YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	
ecto ars of			Male		Cau	casian	10/	04/14	TEAN.	72	YR		
772 hau	5		RTHPLACE (STATE OR FOR OUNTRY)  Maryland	REIGN 71	76. CITIZEN OF WHAT COUNTRY? 8 M			D NEVER	MARRIED   NORCED	9 BALTIMORE	Himore	NTY OF DEATH	ty M
led with			ry or town of DEAT	н 1	1. NAME OF	HOSPITAL, NURS	NG HOME (			12a USUAL OC ITYPE OF WORK FO	OR MOST OF WORKIN		OF BUSINESS OF
auld be file	2	UšU	L RESIDENCE (IF NURSING	G HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE C		13e STREET AD	DRESS / ZIP C	ODE 2	1215
E	1	4 EA	Maryland	Harley and property		Baltimor	e	YES X	NO		mands Av	erne	
examin Series		9 FA	Kasparas Rybi		DDLE	LAST		Fra	zina Bin	torin	MIDDLE	ľ	AST
oges 1	7		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	ANT Mrs. 1	Helen Ryb	IKONSKY		
Poges medic		( )	No	(IF TES, ONE	- DATES)	218-05-	2425	5708 S	simmends .	Avenue	Balt	imare Mary	land 21215
pers ol.	Ī		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	ane cause per	r line for (a), (b), o	nd Ic.					APPRO BETWEE	XIMATE INTERVAL NONSET AND DEATH
mov					BY: CAUSE (a)	Carun	crre	of H	e Pan	creas		8	north
i signed by t Then please i ta burial, cre njury, ar athe		NO	PART 2 OTHER SIGNI	FICANT CO	onditions co	ONTRIBUTING TO		NOT RELATED	TO THE TERM	2		GIVEN IN PART	la la
permit ne prior	1	CERTIFICATION	190 DATE OF OPERATION	ON		ITION FOR WHIC				200 AUTOP	SY? 20b. IF	YES, WERE FIND	
certificate prial-transit ental Hygie Item 18 sha			216. ACCIDENT WAS UNDER	USE OF DEATI			DAY YEAR	21c HOW IN	NJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	A 18 PART ( OR PART 2)	
the bu		MEDICAL	21d. INJURY OCCURRE	D	21e PLACE	OF INJURY REET, FACTORY OFFICE	FARM ETC )	211. LOCATION STREET			CITY OR TOWN	COUNTY	STATE
TOR: After for use as af Health a			220.1 certify that (1) (t saw the deceased above (1) (we) (did	alive on_	6-	30 19		nd that in @		death accurred	on the date and	hour and I rom th	, that (I) we) las
AL DIREC detached ate Dept. JT: If Hem			226. SIGNATURE	7 6	+ M	ante	2) 14			MEDICAL DIRECTOR	STAFF PHYSICIAN		1 1957
should be det with the State IMPORTANT:			GARY A		AN KO	ms		Suite		Chastnut	Hill La	Rasters	law, Md
- 5 3 ≤	l		URIAL, CREMATION, RI SPECIFY) Burial	EMOVAL	236 DATE	11		ew Carret	ery	23d LOCATI	rille	Carrol	mr
- 16 60M 7/84		24. FU	INERAL DIRECTOR	Loring	Byers F	uneral Dir	ectors,	Inc	250 DA1	TE REC'D BY REC	SIRAR 256 RE	GISTRAR'S SIGNL	
(RA 15, 4)			8728 Liberty	Road	Randalls	stown Marvl	and 21	133	JUL	_ 0 0 130	Je Guli	a peridion	· Londollo



injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 show-cony

STATE	OF M	ARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	0	0	13	1	
DEC	NO	V			

REGISTRAR		CERTI	TERTE OF BERTH	REG. NO.		
. DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
(TYPE OR PRINT) THEO	DORE W.	R	YLAND	JULY 24, 19	987	810 A
SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHO	MONTHS DAY	
MALE	WHITE	MONTH	TOBER 31.1915	71	YRS.	5 HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COLINITOV2 9	D KKNEVER MARRIED	9 BALTIMORE CITY OR		
MARYLAND	U.S.A.	WIDOWE		BALT	IMORE CITY	M
O. CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND	OF BUSINESS O
BALTIMORE		HOSPITAL		ELECTRICIAN		STAR
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RES		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2		
		TONSVILLE	YES NOX	616 WOODS		21228
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST
SAMUEL	E.	RYLAND	EMMA	WIDDLE		LTS
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	CIAL SECURITY NO.	17. INFORMANT	ADDRESS		112.0
(YES, NO OR UNKNOWN) (IF YES, WW	GIVE WAR OR DATES) 70	5-07-1543	ANNE M. RYL	AND SAME	AS # 13	
18 CAUSE OF DEATH (Enter			1	4 /		OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY	irdio Ne	& piratory	Arcest		
IMMED	IATE CAUSE (0)					
	DUE TO, OR AS A	CONSEQUENCE OF	/		Un	
Conditions, if ony, which	(b)					
gove rise to immediate couse (a), stating the	DUETO ORAS A	CONSEQUENCE OF				
underlying couse lost.	(-)	201-01-401-101-07				
PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDI	TION GIVEN IN PART	lio
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FINE	
				YES T NOT	IN CERTIFYING CAUS	SES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUI	RY	21c HOW INJURY OCCUR			
00 000 000 000 000 000 000	DEATH HOUR A.M. M	ONTH DAY YEAR		(congressions of the constraint of the constrain		
(IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED		19	AN LEGATION			
21d INJURY OCCURRED	21e PLACE OF INJU	ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK NOT WHILE						
22a.1 certify that (1) (this ha	spital) attended the decea	sed from	26 1986		19.8/	_, that(() (we) lo
sow the deceased alive-	notiview the body ofter de	19 . 0	nd that in (my) (our) opinion	death occurred on the date	ond how and from t	he couses stated
226-SIGNATURE	not year the body offer a		DEGREE		22c. D#	TE SIGNED
121 1	0 ( ) [ h.t.	1	ATTENDING PHYSICIAN	MEDICAL STAFF	1/-	24/27
TZd. PHYSICIAN'S NAME (TY	co mon	V	22e ADDRESS	DIRECTOR PHYSICIA	NU I//X	-1/1/
					/	
PATRICK V	M. WHITE	M.D.		RICK ROAD, B.	ALTIMORE, M	D. 21228
30 BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BURIAL	7/27/87	MOST H	OLY REDEEMER	BALTIMOR		MARYLAN
LEROY DIRECTOR RUSS	ELL C. WITZK	E FUNERAL I	HOMES P. A 250. DAT	E REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATURE
1630 EDMONDSON				L 2 7 198		1-1-1-6

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

## STATE OF MARYLAND

1	- STATE		DEPARTMENT OF H	EALTH AND MENT	AL HYGIE	NE	120 PM	13 7	, ,
6	R7REGISTRAR		CEKTIF	ICATE OF DEAT	Н	3 / REG. N	022	) U /	
I. D	PECPASED NAME FIRST	WIDDIE	t t	AST		. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(11	Riu.	alda	5A	CCA			07-3	31-87	021010M
3. S		4. RACE	5. DATE O	F BIRTH	6	. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	wheit	2	-4-6	921	6	6 GYRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	NEVER MARRI	9	BALTIMORE CITY O	R COUNTY	OF DEATH	
	ITALY	ITTAL	WIDOWE			Ci	ty		MD.
10	CITY OR TOWN OF DEATH		TAL, NURSING HOME O		ON I	2a. USUAL OCCUPAT			F BUSINESS OR
	BAltimore	ERANCI	S & C. TEX	en Hospin	La!	TYPE OF WORK FOR MOST C	V 5	E) INDUSTRY	louse
USI	JAL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)	7	74		, ~		11
	10		or town	YES NO		30 STREET ADDRESS	ZIP CODE		21224
94. F	ATHER'S NAME	MIDDLE	LAST .	15. MOTHER'S MAIL	DEN NAME	WIDDIE		145	*
1	HMERICO	PA	NEILA	arn	neta			uns	k
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 S	OCIAL SECURITY NOA	17. INFORMANT	•	ADDRE	ss 3	013,6	AST AU
	(YES, NO OR UNKNOWN) (IF YES,	2	19-38-9925	Me Sm	IVAH	ORE SACI	CA		21224
	18. CAUSE OF DEATH (Enter	anly one cause per line to	ar (a) (b) and (c)					APPROXI	MATE INTERVAL DINSET AND DEATH
	PART I. DEATH WAS CAU	ISED BY:	0 /	mounny	AFVA	et			4-3
100	IMMED	IATE CAUSE (U)						1	
	Condition II 111	DUE TO, OR AS A	CONSEQUENCE OF	261	9 31.	eed		14	thers
	Conditions, if any, which gave rise to immediate	(b)	32000	OJ EDMI MA	101.				
-	cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	Kum					
		(c)							
NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART 110	
CERTIFICATION	90 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	WAS PERFORMED	)	20a AUTOPSY?	206. IF YES	, WERE FINDIN	IGS USED
풀	No. TO CO. T.					YES TO NOT	IN CERTIF	YING CAUSES	OF DEATH?
H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	JRY	21c HOW INJURY	OCCURRE				140
1979	OR CONTRIBUTING CAUSE OF	DEATH	MONTH DAY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)	P.M. 21e. PLACE OF IN.	19	211 LOCATION					
¥	WHILE NOT WHILE		CTORY, OFFICE, FARM ETC }	STREET		CITY OR TO	WN	COUNTY	STATE
13	AT WORK		2 :	1 100		5-2/-	× 17		
	220.1 certify that (1) (this ho	~ 7/		19.		, to 2-3/-			that (1) (we) last
1		nat) view the bady after	Jeuin.		opinian de	ath accurred on the de	ofe and have	-	
	226. SIGNATURE	1 -		DEGREE	5016	ALEBICAL STATE		22c. DATE	SIGNED
	Super	1 roger	MI	) ATTEN	CIAN	MEDICAL STAI	IAN	+	31-18
	22d. PHYSICIAN'S NAME TYPE			22e ADDRESS	11	, -17			
	Stephen	J. NOGA		600N4	offe	street.	Ra 3.	-(27 Ox	Lu losy cely
230	BURIAL CREMATION, REMOV.	AL 23b. DATE	23c NAME OF CE	EMETERY OR CREM	HORT	23d. LOCATION	(		,
	Bushin	8-3-	37 DIALK	121211/2	METER	RING TOWN	AMAGA	COUNTY	ALL RAID
24	FUNERAL DIRECTOR	6	2/75	Carrelate	/	REC'D. BY REGISTRAR	256. REGISTI	RAR'S SIGNATI	URE
	DSEPK NIZ	20/1/11	ADDRESS-655.	CALING	AUG	3 1987	1		15.3
		~~!~!	1. 2/0014	21		1001	alelea	T	Λ .

DHMH - 16 60M 7/84 (VRA 15, 4)

MPGSTANT, If them 21 is marked or them 18 shows any

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# STATE OF MARYLAND

STATE OF MARTERIA	
PEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

REG. 1	102	0	0 /	2
OF DEATH	MONTH	DAY	YEAR	26 HOUR
	7	9	87	6:24

59433 ли	1/3	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIENE	7 REG. NO. 2. 0	07	2		
nay be page 3 er death		CEASED NAME FIRST EOR PRINTS	MIDDLE	SADDLER	2a. DA	TE OF DEATH MONTH DE		Codya		
Poge 4 may i director, pa hours ofter d	3. SE	× F	S. DATE OF BIRTH  MONTH DAY  YEAR  OUTSTEEN OF WHAT COUNTRY?  R. CITYLEN OF WHAT COUNTRY?			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2.  MONTHS DATS HOURS AVERAGE AND ALL OF THE CONTROL O				
a 72 n 72	0	North Caroline	U.S.	MARRIED AL NEVER MA	DRCED /	BAL HOUSE		A BUSINESS O		
ours after de n by the fur high refled within	B	AL RESIDENCE (IF NURSING HOME ORD	SE HYNE	S HOSPILL	Ho	F WORK FOR MOST OF WORKING LIFE USEWITE	INDUSTRY	003114233		
in 24 hour ly filled in should be the must be	13a.	ATHER'S NAME	å Eifie	R TOWN CITY 134 INSIDE CIT	4	REET ADDRESS / ZIP CODE HOLLOW Rd.	21043			
complete 1 and 2			Cree	ST - FII	RST		lliams			
ton and co			war or dates) 218-3	2-0294 Wayland	Saddler	734 Hollow R	v.Md.210	043		
and grand by the of 1. The class remains or to burnol, cramathin by injury, or other tro	TION			<u>G TO DEATH</u> BUT NOT RELATED T	•		N IN PART 110	26 11650		
The law or the has be made that be made that be made that be made that be made to the made that be made to the made that be made that be made that be made to the made that be made that	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	VHICH OPERATION WAS PERFORA	YES	IN CERTIFY	ING CAUSES O			
IG PHYSICIAN offending physical physician phys	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK		H DAY YEAR 19 211 LOCATION		CITY OR TOWN	COUNTY	STATE		
OR ATTENDING OR ATTENDING OR Applied to or		220.1 certify that (I) (this hospite sow the deceased alive an above, II) was that the net	1/8		, 19 <u>8</u> , to our) opinion death o	courred on the date and hour				
HOSPITAL O		22d. PHYSICIAM & NAME (TYPEOR		PH 22e ADDRESS		STAFF CTOR PHYSICIAN D				
0 % 0 % M		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7 11/87	23c NAME OF CEMETERY OR CR Crestlawn	EMATORY 23d.	LOCATION CITY OF TOWN arriottsville	COUNTY HO.	Md.		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR HARRY H. WITZKE	4112 Colu	mbia Rd:21043	250. DATE REC'D	BY REGISTRAR 256 REGISTR	AR'S SIGNATU	RE dozes		

4112 Columbia Rd: 21043

r de la contraction de la cont

al. 125 mollow Mt. 21063

CHOIS: HE OFFICE SECTION OF THE SECT

060696

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.	0	0	1	
REG. NO.				9.4

				REG. IN	O.		112				
		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH.	DAY YEAR	26 HOUR		
	(Tree	Frances	R.	Salie	Shucu	S WINT	13, 1	987	335		
	3. SE>		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS		
		female	white	MONTH	DAY YEAR		75 YRS	MONTHS DAYS	HOURS MIN.		
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8		9. BALTIMORE CITY		Y OF DEATH			
)	-	Alt. M.d.	U.S. A	MARRIE	D M NEVER MARRIED	BAIT.	City	1	MD.		
1	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS OR		
		Balt	DEATON	4050 4	med Ctr.	homemak		IFE) INDUSTRY			
-20	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		OR TOWN	13d. INSIDE CITY LIMITS?			E			
		Md.		timore	YES 🔀 NO	3111 Ma	reco	Avenu	e 21213		
A	I4 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM		1				
200		unknown	NIDDLE	LASI	unknov	wn		LAS			
		AS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCI	IAL SECURITY NO.	17 INFORMANT	ADDR		448 Ro	land Ave		
	(1	no la contraction la	218-	-03-4470	Charles Sa	alisbury	(hus	band)	21211		
		18 CAUSE OF DEATH (Enter onl	y one couse per lightor to	i), (b), and (c))	/			BETWEEN	IMATE INTERVAL		
		PART I. DEATH WAS CAUSED		er Jas	mistor, H	Jacker	-	50	Ly,		
		provide a series of the series									
		Conditions, if ony, which	o lye	4-7							
		gove rise to immediate couse (a), stating the	des								
		underlying couse lost.	J. Salar	aar							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	Dealettes	meer.				- 1				
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN			
	TIF					YES NO		ES 🗌	NO 🗌		
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ATH DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)			
1	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	In .	19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	NWC	COUNTY	STATE		
	2	AT WORK AT WORK	(AT HOME, STREET, FACTOR	T, OFFICE, PARM, ETC.)	0 00		100	2			
		22a I certify that (I) (this hospit	al) attended the decease	d from	- d () 19 00	_, to	, 3	19 0 /	that (I) (we) lost		
	119	sow the deceased alive on above, (1) (we) (did) (did not		h 19 8 7 . or	nd that in (my) (our) opinion d	leath occurred on the a	ote and hou	ur and from the	couses stated		
		27b. SIGNATURE	2 0, 01		DEGREE			22c. DATE	SIGNED		
		Moland	DI, THE	new, or	ATTENDING PHYSICIAN	MEDICAL STA		7-	23-87		
1		17 HYSIGIAN'S NAME, (TYPE OF	R PRINT)	7	22e. ADDRESS		( ./	10 11	1 1 1		
		KOLDUGO	1.000	0,611)	707 [-1	OVI A	ve	13011	17,03		
		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION		COUNTY	(34)5		
	(	Cremation	7/23/87	Secur	ity Process	Baltimo	ore	COUNTY	Mď.		
	24 FL	INERSCHIMUNEK I	uneral Ho	me, Inc.	25m PATE	OCA. BY REGISTRAF	Z LEGIS	PARISISAN	AND CALLS		
		3331 Brehms	Lane, Ba	Ito. Md.	21213	7 7 1301		-	î		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR per FH, SB, Item 5, 6 CERTIFICATE OF DEATH DESTASED NAME LAST 20. DATE OF DEATH 2h HOUR 3:09 M 1987 SAMPSON JULY 11TH EVELYN 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3. SEX 4. RACE MONTH YEAR 23 24 Female. **Black** TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED COUNTRY BALTIMORE Md. WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 21205 13a STATE 13b COUNTY 13e.STREET ADDRESS / ZIP CODE 1401 Odessa Thomas Ct. Apt. 6 Baltimore Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stevens Lelia Porter George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT Barbara Harris 1216 Edison Highway 21213 CO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: HRREST 4 min. ARDIOPUL MONAR IMMEDIATE CAUSE (o) DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF GUPU TENSION Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. MISTRUE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 5/21/87 tasciitis 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE AT WORK 220.1 certify that (& (this hospital) attended the deceased from sow the decease after on obove (I) we (didn't did not) view the both ofter death (my) (our) opinion death accurred on the date and hour and from the couses stated and that i 224. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL Should be deto with the State [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS BALTO MD 21205 WOLFE/ST. 6,0 O HOSPITA 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

7/16/87

Wm. Narch F/H 1101 E. North Ave.

Film G629, 7/17/87

STATE OF MARYLAND

Arbutus.

LE STRAR 256 REGISTRAR'S SIGNATURE

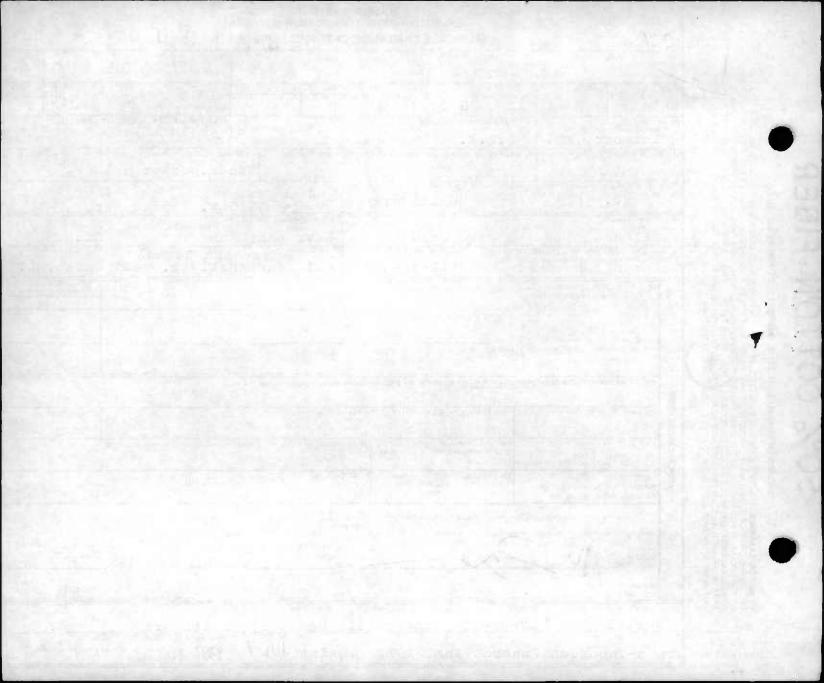
Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Buria

24. FUNERAL DIRECTOR

Items. 18a, 21b, -22a., G-629, 7/25/87, by



061222

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	ICATE OF DEATH	REG. N	10.		
	DECEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	₹b. HOUR
I RO	A7 ODELIA	+	S	ANDERS	30 V 10 V 10	7 24	87	at The
3 S	SEX .	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	The second secon	NDER I YEAR	IF UNDER 24 MR
	FEMALE	BLACK	MONT		83	YRS	HS DATS	HOURS MIN
7a.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY		DEATH	
5	VA	USA	WIDOWI	DIVORCED DIVORCED	BALTIMORE	CITY		,
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 1		F BUSINESS C
)	BALTIMORE	2010 WOLFE ST	REET		RETIRED	- restu	rant	
	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN		BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
)	MD ISSUED	BALTI	MORE	YES X NO	2010 Wolf	e Street	212	13
14 F	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	
	WILLIAM	CUFFE		SARAH				LEN
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDR	ESS		
	NO NO		8-1580	WILLIAM CUE	FEE 1319	E. BIDDL	E ST	
	18 CAUSE OF DEATH (Enter or		, ond ic				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART 1. DEATH WAS CAUSE	E CAUSE (a) Candi	ac an	pet -				
		DUE TO OBACA CONC	SOUSNICE OF		_			
	Conditions, if ony, which	DUE TO, OR AS A CONSI	ndi Osch	archomsul	La Biross		44	
	gave rise to immediate cause (a), stating the	(0) 20 (142 6)		Contract of the second			4	
	underlying couse lost	DUE TO, OR AS A CONSI	EOUENCE OF					
	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	N PART 1	
Z		1 0 0	Pin					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
71 ¥	C. 19 (1) (2) (2)				YES T NOT	IN CERTIFYING		OF DEATH?
7 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		216 HOW INJURY OCCURE			,	
7 Z	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			COUNTY	
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE FARM, ETC )	STREET	CITY OR TO	DWN	COUNTY	STATE
	22a I certify that (1) (this haspi	tal) attended the deceased fro	om	oct. 19 86	to nou			that (I) (we) la
	sow the deceased alive an	april 16	Aure	nd that in my (our) opinion	death accurred on the d			
	22b. SIGNATURE	t) view the body after death.		DEGREE			22c DATE	SIGNED
	Phi Shins	, pl		A ATTENDING	MEDICAL STA			
-	22d. PHYSICIAN'S NAME (1) EC	D PD INIT		PHYSICIAN X	DIRECTOR   PHYSI	CIAN		
	1 - 11 - 1	CHZN		100 N. Bree	dies Rok	E ud	-1/2	-31
-	CHI-SHIANA					APP - P-1 B1	97.	1
230.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	NCD STATE
0.4	BURIAL FUNERAL DIRECTOR	7/29/87	MI CAL	VARY CEM	ANNE AR			MD
	WM C MARCH F/H	ADDR	ESS	750 DAT	E REC'D. BY REGISTRAF	PESS REGISTRAR	SIGNAL	andaes.
	WITE L. MARCH F/H	1101 E. NORTH	AVE	1,1111	- 40 1301	Manual King		-

DHMH - 16 60M 7/8 (VRA 15, 4)

ATTENDING PHYSICIAN: The ospital or attending physician.

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J	X	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	P.		
	1.060	CEASE NAME. FIRST WILLIA	MIDDLE T		SANDERS	2a DATE OF DEATH	MONTH DAY YE	7 26 HOU	క్రిక	
	3. SEA		AM L.	5. DATE C	OF BIRTH	6 AGE (INXFROSTASTRIR		YEAR IF UNDER	24 HRS MIN,	
5	M	ARYLAND	U.S.A.	MARRIE		9 BALTIMORE CITY OR COUNTY OF DEATH				
1	В	altimore  AL RESIDENCE (IF NURSING HOME OR O	NAME OF HOSPITAL, N     (IF NOT IN SUCH FACILITY, GIVE     Bon Secou	street address) Irs Hospi		(TYPE OF WORK FOR MOST O Self Emplo	OF WORKING LIFE) INDUS	ND OF BUSINE TRY Jobs	ESS OR	
6	130 S M	ARYLAND 136 COUNT	TY 13c. CITY OF	IMORE	13d. INSIDE CITY LIMITS? YES X NO		zip code ombard Stre	et 21	223	
		William		nders	15. MOTHER'S MAIDEN NA/ Jenny	MIDDLE M.	•	Tolle		
		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES GIVE: YES	WAR OR DATES	8-9667	Gordon A. W	ADDRI Jard 1011 Wi	lmington A	Ve. 21		
	NOI	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause (al., stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON:  (b)  DUE TO, OR AS A CON:  (c)	SEQUENCE OF	The Type	LINAL DISEASE OR CON	IDITION GIVEN IN PAI	RT 1co		
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAL YES		TH?	
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED  AT WORK NOTIFY MEDIC AL EXAMINER  220.1 certify that (1) (this hospite sow the deceased olive on obove, (1) (we) (did) (did not)  22b. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM ETC.)	211 LOCATION STREET  211 LOCATION STREET  , 19  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	CITY OR TO	own count	y s 2., that (1) (v	we) last	
		22d. PHYSICIAN'S NAME (TYPE OR	106/de	SECOU 23d LOCATION	5 1005.	411/	0/			
		BURIAL, CREMATION, REMOVAL  (SPECKY)  BURIAL	7/10/87		emetery or crematory	Elkridge		Md.	STATE	
		uneral director Subbard Funeral I	Home, Inc. 41	oress 2 .07 Wilke	11229	L 1 0 1987	256 REGISTRAR'S SIG	Ale .	ies	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other tra

JUL 10 1987 STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE REG. N	0 0		0
-		CEASED NAME EIRS		AIDDLE	i	AST	2a. DATE OF DEATH		YEAR	2b. HOUR
	(TYPE	CATHE	LNUG		SI	Anyoni		7 2	87	9 48 AM
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female	White	9	June	24, 1893 YEAR	94	YRS.	JNIH5 DAYS	HOURS MIN.
7	7a Bl	RTHPLACE (STATE OR FOREIGN TOUNTRY)  Ttaly	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City	MD.		
6	10 CI	TY OR TOWN OF DEATH Baltimore		OSPITAL, NURSIN HEACILITY GIVE STREET A CTY MEDIC		nter	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEI	ION OF WORKING LIFE) Naker	126 KIND C INDUSTRY	OF BUSINESS OR
E	13a. S	atyland		GIVE RESIDENCE BEFORE  130 CITY OR TOWN  Baltimo	N	13d INSIDE CITY LIMITS?	3725 Fer		ve. 2	1207
9	14 FA	Peter Peter	MIDDLE Zazz	zbra		15 MOTHER'S MAIDEN NAM		М	orisi	л
	160 V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU				17. INFORMANT	7101 Hea	thfield	Rd.	
		YES, NOOR UNKNOWN) (IF YE	S. GIVE WAR ON DATES	212-12-	1529	Rosa S. Aler	Baltimor	e, Md	2121	.2
		18 CAUSE OF DEATH IERR PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (0)			ochardine Iu	FARCTION	Ü		MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF							40	HUS
	NO	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	UDITION GIVEN	N IN PART 116	5
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHIC		TION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, N IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH?
1		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	et i OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( {AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
		22a. I certify that (1) this sow the deceased alive obove (1) the yield of	re on	12 198		nd that in (my) (our) opinion o	deoth occurred on the	date and hour c		that (1) we) last couses stated
		22b. SIGNATURE	ed St	u Do			MEDICAL STA	AFF ICIAN []	22c. DATE	SIGNED 187
		22d. PHYSICIAN'S NAME (	TYPE OR PRINTS	R		220 ADDRESS	enty Herg	Us Au	e Ba	Life und 212
	23a. B	BURIAL, CREMATION, REMO	July 6	,1987 Ga	rdens	emetery or crematory of Faith				o., Maryla
	24 FL	JNERAL DIRECTOR		ADDRESS 6	500 Y	ork Rd. 250 DATE	E REC'D. BY REGISTRA	R 25b. REGISTRA	AR'S SIGNAT	URE
	Mi	tchell-Wiedef	eld Home;	Inc. Bal	to.,	Md.21212 30	1087	Julia	Desider	Roadoello

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Attached to the second	Daniella		Stanton C	
		114		
in the ball of the second				
		107 -01		
		16		
Table 1				

TO FUNERAL DIRECTOR: A should be denothed for use with the Store Dept. of Heo IMPORTANT. If them 21 is a

DHMH - 16 60M 7/84

(VRA 15, 4)

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060704

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

45	0	13	1	-
2	U	U	- 1	
REG. NO.				

9	2	REGISTRAR			CERTIF	ICATE OF I	B HIRST	RI	EG. NO.		-P
)		CEASED NAME FIRST ELL		H.	5	APP		20. DATE OF DEA	ATH MONTH	18 87	26. HOUR 6:30 A.M
	3 SE	RTHPLACE (STATE OR FOREIGN	4 RACE		5. DATE C		1898 1902	6. AGE (IN YEARS L 88	YRS		AR IF UNDER 24 HRS
1	(	COUNTRY) LITHUANIA	US		MARRIE	D NEVER	VORCED		Uyé U		MD.
1	68	TY OR TOWN OF DEATH	NC	H FACILITY, GIVE ST	CHARLES			12a USUAL OCC (TYPE OF WORK FOR BOOK		INDUST	AILORING
5	13a. S			13c. CITY OR T		13d. INSIDE C	NO 🗌			DE	. T-4 CIR. #21133
		LOUIS	MIDDLE	SAPP			MAIDEN NAM	MIC	DDIE		HEVICH
2	NC NC	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	215-09		17. INFORMA 2417	TANEY R		PDREGLAZ TO.,MD	2.	1209
1	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  AMPER 2  19a. DATE OF OPERATION	(b)		QUENCE OF			INAL DISEASE OR	20b. IF Y	ES, WERE FIN	
7	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHITE AT WORLD 220. 1 certify the 22 calling the 23 calling the 24 calling the 25 SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	21e. PLACE (AT HOME, STR	M. MONTH M. DF INJURY EET, FACTORY, OFF e deseosed fro	om 9 8 7 , on	211. LOCATK STREET	10 8 10 (our) opinion d	CITY  CITY  CITY  CONTROL OF THE CON	Y OR TOWN the date and he	COUNTY  19  22c. DA	state  , that ( (we) ) ast the couses stated  VIE SIGNED
	24 FL	BURIAL SURFAL DIRECTOR SOL SOLO REISTERSTOR	JULY20, LEVINSO	1987	55	H ISRA	CREMATORY EL	173d LOCATION CITY OR TO RECED. BY REGIS L 24 19	ÖSEDALE	BALT	O. STAIL MD

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061	8 6 9 AUB	+7	STRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH			2 C	<b>O</b> 3. NO.	80		
	1		CEASED NAME	FIRST		MIDDLE		LAST		ATE KNOW	N MONTH	DAY	YEAR	26 HOUR
	ASE DR. ES. ET,			BESSI	E		SAT	TERFIELD		ATH MATE			19 87	A
	STRE STRE	3. SE)	( 4 F	ACE	5. DATE OF BIRTH	6. AGE (IN YI		IDER I YR. IF UNDE		DATE	MONTH	DAY	YEAR	2d HOUR
	ON 2 OUR	FE	MALE B	ACK	11 09	1910 76 Y	RS.	13 DATS HOURS		EAD	7	27	1987	9:50 A
	RAIL AND THE SEA	70. BI	RTHPLACE (STATE	OR	76 CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MARI	RIED 9. BA	LTIMORE CI	TY OR COUN	NTY OF D	EATH	
	S S S S S S S S S S S S S S S S S S S		. CAROL II		U. S.	Α.	WIDOW			Baltim	ore Ci	ty		MD
	DELAY IS NECESSARY, PIEASE 310 THE FUNKRAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DI BELLED, WITHIN 72 HOURS. RDS, 20 WW. PRESTON STREET,	В	altimore		2334 Per	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) NISYLVANIA	Ave.	ER INSTITUTION		CCUPATION F WORKING LIFE	(TYPE OF WORK		ND OF BUS INDUSTR	
21201	Y COUNTY	13a. S		13b. COUN		E RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN BALTIMORE		13d INSIDE CITY LIMITS?	13e STREET A					
MD. 2	3.5. F		ATHER'S NAME			I DAL I IMUNE	2	15. MOTHER'S MAIL			lvania			1/
	H-ESS		John		MIDDLE	Hanton		FIRST	CITIANE	MIDDLE		ı	.AST	
O.	2 × × × × × × × × × × × × × × × × × × ×	16a. V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	Horton	TY NO.	Eva 17. INFORMANT M	~ ~	ADDI	RESS. 1 L		N4 -1	
NET.	IRS AFTER DE S. GIVE P. GI WITH FC. W. V. PAGES A. DIVISION	(1	es, no, or unknown)  No.	( IF YES, GIVE	WAR OR DATES)	220-02-85	61	Louise M.		400 1	RBaltin Edsdale	more,	, MQ.	20
<b>40</b>	WITH WITH DIVIE			FATH /Enter on	ly one cause per line		01	Luuise M.	DIOUKS	407	usuale		PROXIMATE	
ST.	EM 18. ONG W ERMIT. PENE, D		PARTIDEATH	WAS CAUSE	D BY:	ongestive h	neart	failure				BETW	EEN ONSEL	AND DEATH
PRESTON ST., BALTIMORE.	WITHIN 24 HOLENCIL IN ITEM 18 AINER ALONG VIRANSIT PERMIT VITAL HYGIENE, OR REMOVAL.			IMMEDIA.	IL CAOSE (a)	AS A CONSEQUENCE		Tarrare			100			
RES	HIN NSI EM	7		if any, which								3		
w.	AINTA OR R		couse (o) sto	to immediate ting the under-	DUE TO, OR	AS A CONSEQUENCE	OF					-		
201	UTED WITH IN PENCIF EXAMINE FIAL - TRAN O MENTAL ON, OR RE	n.	lying cause l	ost.	(0)									
RECORDS.	CERTIFICATE SHOULD BE EXECUTED WI TIING THE WORD "FENDING" IN PENC BED TO THE CHIEF MEDICAL EXAMIN 3.3 SHOULD BE USED AS A BUSIAL - TRA DEPARTMENT OF HEALTH AND MENTA I PROR TO BURIAL, CREMATION, OR I	z	PART 2 OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL OISEASI	E OR CONDITION GIVEN IN P	ART 1 (g).					
REC	WENCE AND	CERTIFICATION	19a, DATE OF OP	FRATION	TINK CONDIT	ION FOR WHICH OPE	PATIONW	AS DEDECORMED?				Inc. A	UTOPSY?	
<b>Z</b>	SHOUL CHIEF CHIEF TOF HE	5	The Ball of Or	LKAHON	178. CONDIT	IONTOR WITHERTOFE	KATIOI W	AS FERI ORMED:						
DIVISION OF VITAL	WORD WORD WORD BE CHIE WINT OF	ERT	21a, EXTERNAL C	AUSE WAS	21b. TIME OF	INTURY	21c HC	OW INJURY OCCURR	ED JENTER NATURE	OF INTERVENTE	EAA 10 DADT 1 OP 6		ES [	NOX
O	THE WELD BEING BEI		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEA		ov mook roccokk	CD (Errichmone	01 11 30 11 11 11 11	MITOT ANT TON	nnt 4)		
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	ATE. ORV.		22a. I certify th	at I taak charg	e of the remains desc	ribed obove, held on	Autop	sy , Inspecti	on X, Inc	oury .	ond in my o	pinion		
	MIN FILE FILE FILE FILE FILE FILE FILE FILE		death resulted f	rom: <u>Natu</u>	ral causes X	Accident , Se	uicide 🔲	, Hamicide .	Undetermine	d manner				
	MAR WELL		ACTUAL A	1 6				TITLE (SPECIFY)	1. 1 . 6				7 00	0.7
	¥EESEW		SIGNATURE	M	XX		M	Deputy C	nier Medical e	XAMINER	DATE	VED	7-28-	.8 /
	EDIC JAE S A		EXAMINER'S NA	ME 70	M Dimon	M D		111 5	CI	D-31	- MO	21	201	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2		(TYPE OR PAINT)	AIIII	M. Dixon,			ADDRESS 111 P			O., MD	21.	201	
	FW0 F 4 60	23a.B	URIAL, CREMATIO			23c. NAME OF CE			23d. LOCATION	N	-	UNTY	STA	TE.
07/84 25M	BP	24 F	Buri		7/31/1987	Arbutus	Memor		PECID BY PEGI	STRAP 125h	altimor	sign I	larvi	and
	DHMH - 17				ral Home	re. Md. 21	217	AIIG	REC'D. BY REGI	fule	a Dande	3		1
	(VR A15 ME (5))	112	40 N. La	HOUD 5	L. Baltimo	re. Mo. /	/ / /	III III	() () (3O)	· ·				

POSSOCIALON BUBE

TROF O DIBUA

(VR A15 ME (5))

STATE OF MARYLAND

AUS D 4 1097 Lie Trium Parter

filled in by the funeral director. pould be filed within 72 hours after

FOR DEPARTMENT O

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	0	U	8	4
REG. NO.	4	- 4		

1	SE il	REGISTRAR					9	REG. NO.				
	T DE	CÉASED NAME FIRST		AIDDLE	l	AST		20. DATE OF DEATH MONTH	DAY Y	EAR	2b. HOUR	
	( I A PE	or Print) _ Selma	ıvi.	rv	CALES-	-WHITLO	٧٧		19 8	7	1015	MAC
	3 SE)		4 RACE		5. DATE C		1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1		IF UNDER 2	
		Female	Whi	76	MONTH	19	36	50 6	RS.	DAYS	HOURS	MIN,
j	7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8.	/	400	9 BALTIMORE CITY OR COL		TH		
H	C	Washington	USA		MARRIE	D NEVER A	VORCED	Baltimore City				
4	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSI		OR OTHER INST	ITUTION	12a USUAL OCCUPATION			FBUSINES	SOR
3	7	Baltimore	54	Agre	s He	4ig 20	A !	Machine Opera			q.	
10		AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFO		A 134 INICIDE C	TV III ITCO	13e STREET ADDRESS / ZIP (	CODE			
5		ryland	-	Baltimo		13d. INSIDE C	NO [	1627 Parkman		. 2	1230	
	14. FA	THER'S NAME					MAIDEN NAM	ΛE	11001100			
		UNKNOWN	MIDDLE	Scale	20	IT	NKNOWN	WIDDIE		LAST	NOWN	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17. INFORMA		ADDRESS		OLVIV	TACAATA	
	(1	Yes (IF YES GIV	WAR OR DATES	539-34-	1020	Elzzin	7) TaThit	lore 1627 Darl	rman Arr			
1						EIVIII.	A. WILL	low, 1627 Parl		PPROXIM	MATE INTERVA	Al
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per DBY:	~		~00	20-		BET	WEEN O	NSET AND DI	EATH
		IMMEDIAT	E CAUSE (a)	( ARD)	IAC	ARRE	51					
	DUE TO, OR AS A CONSEQUENCE OF											
Н	Conditions, if ony, which gove rise to immediate (b) Reculerent Vertical ARRYThmia											
		cause (a), stating the	DUE TO, OF	AS A CONSEQU	UENCE OF	,	0	1				
		underlying cause last.	(c)_	MYOC	Ardi	Al i	TARC	tion _				
		PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	IN AL DISEASE OR CONDITION	GIVEN IN PA	RT Ito		
	ō	Congestor	e hea	et to	rilur	e; t	14 POT	hypoidism				
	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED		IF YES, WERE F			12
μ	CERTIFICATION	The second of						YES NOW	YES [	.0363	NO [	
	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH [	DAY VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PA	RT 2)		
1		OR CONTRIBUTING CAUSE OF DEA	111		19							
f.	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATIO	N	CITY OR TOWN	COUN	utv	67.	ATE
	2	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY OFFICE	FARM ETC )	STREET		CHIOKIOWA			317	
70		220 I certify that (6) (this hospit	ol) attended the	deceased from	JULI	119	19 8	- to JUN 19	19 8	1	hot (We	e) last
		sow the deceased alive on above, 4tr (we) (did)) die no			7-1-1	d that in (my)	(our)opinion d	leath accurred on the date and	d hour and fro		-	and the same of th
	- 0	22b, SIGNATURE	trview the body	after death.	·	DEGREE			226	DATES	SIGNED	
		2		120	W	T	TTENDING _	MEDICAL STAFF	6 1	110	2 0-	7
_		100000	wy	40 Cha	1		PHYSICIAN [	DIRECTOR   PHYSICIAN	11	11	110	1
		22d. PHY SICIAN'S NAME (TYPE O	R PRINT)	- [		22e ADDRES	5	( )	D	( )		- 0
		PARDAR	A	ochA		190	0 (b	HON HUE.	, DE	11	time	ME.
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	COUNTY		Stu	ATE
		Burial	7/23/	87 C	rownsv	ville V	A Cem.	10 '11	7 7		Maryl	land
	24. FL	JNERAL DIRECTOR		ADDRESS		21229	25 1DATE	PECO. BY REGISTRAR 256 RE	GISTRAR'S SIG	GNATU	JRE	
	Hu	bbard Funeral H	lome, In	c., 4107	Wilke	ens Ave	·	22 1987 July	a Devider	かん	mdaes.	0

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for use. The State Dept of He MPORTANT, If hern 21 is

TO HOSPITAL

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ALTERNATION OF THE PROPERTY.

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1682 JUL	-8	FOR	DEPART		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE							
	1 -	STATE REGISTRAR	VET ATT		FICATE OF DEATH	7 REGINO.	0 0 8	3					
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH M	ONTH DAY YEA	AR 2b. HOUR					
oy be loge 3 death	{ I YME	John.	D.	Sca	arberry	7/3		2355 M					
E	3. SE	(	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER IN						
ector urs af		Male	White	Feb		68	YRS MONTHS D	DAYS HOURS MIN.					
h. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRII	ED NEVER MARRIED	9. BALTIMORE CITY OR		н					
deot deot		st Virginia	U.S.A.	WIDOW	ED DIVORCED	Baltimore		MD.					
by the filled with		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  Union Memoria	al Hos	or other institution spital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUS	th. Steel					
24 hou ould be must be	13a. S	AL RESIDENCE (IF NURSING HOME OF ATTATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TOY Baltim	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2 930 Homes	IP CODE stead St	. X 21218					
tely sh	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME							
w bed w	1	L.	L. Scarbe	rry	Ella	WIDDLE	Mad	ison					
nd co ges i	16a. V	VAS DECEASED EVER IN U.S. A	VE WAR OR DATES			O Homes Per		21218					
be exe		Yes Yes WW	VE WAR OR DATES) 236-28-0409 Dorothy E. Scarberry										
ysicio opera vol. it, the		18 CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUS	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH									
g ph conp remo		IMMEDIA	TE CAUSE (a) Candiu	resi	D motons	next		9 days					
of the ce			DUE TO, OR AS A CONSEOU	JENCE OF									
dec		Conditions, if ony, which gove rise to immediate	(b) 2000 A 100	e a a x	NOONWAY	west torre	P.S.						
All A		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF										
of the state of			(c) cox ca										
dure	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BU	TNOT RELATED TO THE TERM	INAL DISEASE OR MOI	TION GIVEN IN PAR	IT Ita					
**************************************	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED		20b. IF YES, WERE FIR						
he lon.	TIFIC	-				YES NOW IN CERTIL							
hysical hygical hygica	CER	216. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	T 2)					
SICIA ng pl ng pl rial-tri rial-tri frem	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19									
ottendir ter this s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	Y STATE					
VDIN Lor Lor Lose a Lealth		22a.1 certify that (1) (this hosp	ital) attended the deceased fram		5 19 87	, to 7 3	. 19.87	, that (I) (we) lost					
Sprite CTOI for of H		sow the deceased alive or above, (1) (we) (did) (did n	ot) view the bady after death.	87,0	nd that in (my) (aur) apinian o	death occurred on the date	and have and fram	the causes stated					
OR A hos ched ched ched hem		22b. SIGNATURE			DEGREE		22¢ D	ATE SIGNED					
Y the RAL D detoc of D AT: H		Breine			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NK 7	3/87					
HOSPITA ned by FUNERA old be de rthe Stat	0.0	224 PHYSICIAN'S NAME (TYPE			22e. ADDRESS								
TO HOSP		June Breiner	•		Union	n Memorial H	ospital	- 1-3-6-4					
	(	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE					
BP	-	Cremation			n Mount	Baltimore		Md.					
DHMH - 16 60M 7/84	RO	BERT C. ALTE	NBURG FUNERAL	HOM	D, LINC.	REC'D. BY REGISTRAR 25	-	A STATE OF THE PARTY OF THE PAR					
(VRA 15, 4)	60	<u>09 Harford R</u>	d., Balto., M	d.	21214	0 0 1901	Julia Divida	madall					

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	NEW TRANSPORTER			
		201 AGE 15110		
		10 pg 20		
	**************************************	12 yr., 12 yr.		

		FOR
l	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Kim	0	-	
PEG NO			

3. SEX				SCARI				07 1	7 -1	1:3
	X	4. RACE		5. DATE OF MONTH	BIRTH	YEAR	6 AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	HOURS MI
2000	Male	White		6	4	30	57	YRS.		
(	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH		MARRIED:	NEVER M	ARRIED 🗍	9. BALTIMORE CITY C			
	Maryland	U.S.		WIDOWED		ORCED _	Baltim			
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET AD		OTHER INST	TUTION	120 USUAL OCCUPAT			F BUSINESS
	Baltimore /		nes Hosp				Manager		Gas St	tation
13a. S	AL RESIDENCE (IF NÜRSING HOME STATE 136 COL Maryland Bal	JNTY 13	re residence before at L. CITY OR TOWN Lansdowne	1	YES [	TY LIMITS?	303 5th A	zip cobe venue	21227	
14. FA	ATHER'S NAME	MIDDLE	LAST			MAIDEN NAM	MIDDLE MIDDLE			
0	Augustus	MIDDLE	Scardi	na		saria	WIDDLE		Culo	otta
	WAS DECEASED EVER IN U.S. A		SOCIAL SECURI	ITY NO.	17. INFORMAL	VT T	ADDR	ESS		
()	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	216-24-69	955	Delore	es Scar	dina 303 5	th Ave	2122	27
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR A	S A CONSEQUEN  S A CONSEQUEN  TRIBUTING TO DE	ICE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART 10	0
CAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  (IF EITHER NOTHER MEDICAL EXAMIN	21b. TIME OF II HOUR A.M.	NJURY MONTH DAY				200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJU	IN CERTIF	S, WERE FIND IN FYING CAUSES S D PART I OR PART 2)	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF	njury month day	YEAR		URY OCCURR	YES NO	IN CERTIF YE	FYING CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  270.1 certify that (1) (this has sow the deceosed alive to obove, (1) (we) (did) (did)	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	NJURY MONTH DAY INJURY FACTORY OFFICE, FAR	YEAR 19 PM EIC)	21c. HOW IN. 21l. LOCATIO STREET	N 19	YES NO	IN CERTIFY YE	COUNTY	STATE that (I) (we)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this has sow the deceased alive	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	NJURY MONTH DAY INJURY FACTORY OFFICE, FAR	YEAR 19 IM EIC)	21t. HOW IN. 21t LOCATIO STREET  I that in (my) (	, 19our) opinion d	YES NO CITY OR TO	IN CERTIFYE	COUNTY  19	STATE that (I) (we)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  270.1 certify that (1) (this has sow the deceosed alive to obove, (1) (we) (did) (did)	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	NJURY MONTH DAY INJURY FACTORY OFFICE, FAR	YEAR 19 IM EIC)	211 LOCATION STREET  211 Hoot in (my) (EGREE  22e ADDRESS	N 19OUT) OPINION OF HYSICIAN	YES NO CENTER NATURE OF INJUING O	IN CERTIFYE	COUNTY  19	STATE that (I) (we) couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20085

-/s	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		1
	CEASED NAME E OR PRINT)	GEOF	RGE '	L.	sci	AST HECH	JULY 13,	1987	YEAR	3:55 P
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		INDER I YEAR	
3 1	Male		White		3-	1426 EAR	61	YRS.	THS DAYS	HOURS MIN.
	IRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		DEATH	
6	Md.		U.S.	A.	WIDOWE		BALTIMOR	E CITY		MD
600	ITY OR TOWN OF D	EATH				OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KIND (	OF BUSINESS OR
BI	ALTIMORE		THE JO	HACILITY, GIVE STREET A	KINS	HOSPITAL	Carpente	r	INDOSTRI	
USU Jo. S	AL RESIDENCE (IF NO STATE Md.	13b COU		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES MO []	133537 Che	sterfi	eld	Ave.212
It. FA	ATHER'S NAME	1.8	MIDDLE	IAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE			
)	Edward			Schech		Katherin		Spie	egel	(3)
	WAS DECEASED EVE		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	Hampstea			4
	Yes			218-22-6	5824	Robert C. S	Schech 26	•		
	18 CAUSE OF DEA	ATH (Enter a	nly ane cause per	line for (a), (b), and	lici.)			Tenal land		XIMATE INTERVAL I ONSET AND DEATH
	PART I. DEATH		ED BY: TE CAUSE (a)	Cord	copuli	Ley Concer	FE MEN			Omin.
CATION	PART 2. OTHER SIG	GNIFICANT				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDI	INGS USED
CERTIFICA							YES NO	YES [		NO [
CAL	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU	CAUSE OF DE	AIR	m, month da m,	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I	OR PART 2)	
MEDI	WHILE NOT	WHILE D		EET, FACTORY, OFFICE FA	ARM, ETC.)	STREET	CITY OR IC	NWO	COUNTY	STATE
	220.1 certify that saw the decer abave, (1) (we	ased olive or	~ / /	3 19	87	nd that in (my) (aur) opinian (	, ta	3, 19_ late and have an		that (1) (we) last couses stoted
	27b. SIGNATURE	you	L'TOE	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		7/	(3/87
	22d. PHYSICIAN'S	MONO	T- CHUM	<u></u>		JOHNS HOP	kins Korpione,	, BALTU	noze n	51502
23a. I	BURIAL, CREMATION					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		YTNUC	Md. STATE
24 FI	Cremat:	lon	17-14-	-87  Se	Curi	ty Process		25b. REGISTRAG	YS SIGNA	
	Schrimun	ek Fu 1 Bre	neral H	Homenofino ne Balto	o. Mo	d. 21213	חביז יחיופטויי	O STORAGE	rd stalle	Mathematic

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has be should be detached for use as the buriok-tronsit permit with the State Dept of Health and Mental Hygusfie pri

MPORTANT: If them 21 is morked or them 18 sho

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician. FOR

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

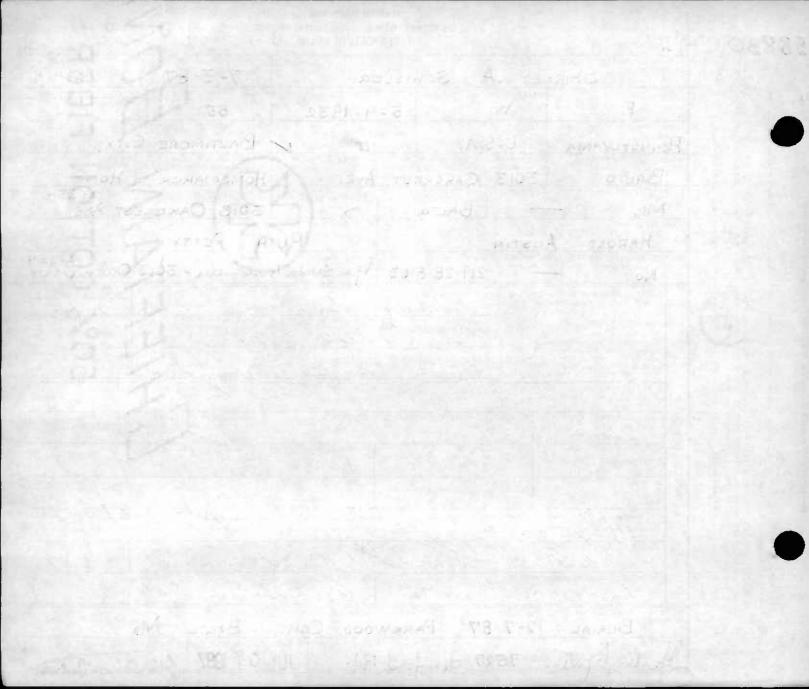
061	299 JUL 3	018	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	1 62	0 8 0
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1	oge 3 deoth		ORPRINT) CHARI			SC	HELL	July 26	1987 1012 M
7	m be	3. SE	Α	4. RACE	0	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
2	rector urs af		Male		Thite.	MONTH	1 09 / 16	71 YRS.	
	orth. Po		OUNTRY)		WHAT COUNTRY	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
	9 65	10. CI	MD. IY OR TOWN OF DEATH	II. NAME OF		WIDOWE	D DIVORCED D	Baltimore C	17b. KIND OF BUSINESS OR
201	by #		Balto.	FINOT IN SU	CHEACILITY GIVE STREET	ott K	cey Mod Ctr	(TYPE OF WORK FOR MOST OF WORKING	
313	hou d in	USU/ 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUL		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DF.
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WA	complete com	1	Valentine So					Rodenberg	t A31
	5 4 5		AS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
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BALTIMORE,	sicro pers. of.		18 CAUSE OF DEATH (Enter of				^	7-11-31-31-31-31-31-31-31-31-31-31-31-31-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	phy npo mov		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	Ro	irdio	pulm ar	rest	
N N	ding orbo		I THE DIA		OR AS A CONSEQU		4	,	
PRESTON ST.,	e deoth e offend move co notion, o froumot		Conditions, if any, which	(b)		SDA	atorii ar	nest	
8	the demonstrated		gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQ				
×.	thot deby the solution of other		underlying couse lost.	(6)		cut	asthmo	· attack	
DS, 20	squires the squires the squires to burio nijury; or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C				MINAL DISEASE OR CONDITION G	IVEN IN PART 110
DIVISION OF VITAL RECORDS, 201	low reconstruction of the prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
TAL	Cote hysicion consit promisit	E.	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	DE INTITION		Tal- HOW IN HIRV OCCUR		/ES NO
<u> </u>	physici physici rtificote ol-tronsii tol Hygi		OR CONTRIBUTING CAUSE OF DE		.M. MONTH	DAY YEAR	ZIL HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
O Z	SIC Centre of the service of the ser	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19			
IVISIO	offendir offendir ter this is the bu h and M rked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY PREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
_	A Af		220 I certify that (I) (this hosp	ital) attended th	he deceosed from		. 19	, to	, 19, that (I) (we) lost
1-16	TTEN Pitol TTOR For u		sow the deceased alive or above, (1) (we) (did) (did no	at) view the body	ofter death	, or	d that in (my) (our) opinion	death occurred on the date and he	our and from the causes stated
	NR A hos hos ept.		226. SIGNATURE	00	oner deam.		DEGREE		22c. DATE SIGNED
	the the Detoc		Many	Cha	ng		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/26/87
	SPIT NER be o be o TAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-	1000	22e. ADDRESS	^ .	
	TO HOSPITAL (etained by the TO FUNERAL I Should be deto with the Store I IMPORTANT: IF		NANCY CH	IANG			Fran	rais Scott K	ly
	7 5 7 5		URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP		Removal	7-27	7-87				
	DHMH - 16 60M 7/B4	24 FL	NERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURBAN
	(VRA 15, 4)		State Ar	atomy		Balte	o., Md.	L 4 9 1301	

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	L Floring Scott Lang Miller	E Jakes
VAS I		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

58	830		FOR STATE REGISTRAR			DEP		EALTH AND MEN	6.8	NE REG. N	2 0	08	
30	poge 3		CEASED NAME	HIRL		MIDDLE S	CHISLI	AST ER	20		MONTH I	DAY YEAR	26 HOUR 2:45 PM
4	ge 4 may ector. pog rs after de	3 SE			4 RACE		5. DATE (		WEAD.	AGE (IN YEARS LAST BI		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	deorn Fo	D	RTHPLACE (STATE OR F COUNTRY) ENNSYLVAN		76 CITIZEN OF	WHAT COUN	TRY? 8. MARRIE WIDOWI	D DIVOR	RIED 9	BALTIM		OF DEATH	MD.
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AND 213	filled in rould be		AL RESIDENCE (IF NURS	13b COUN		130 SITY OR		13d INSIDE CITY L		STREET ADDRESS	/ ZIP CODE		1234 NE.
MARYL	ed within	14. FA	HAROLD		WIDDLE	LAS	r	15 MOTHER'S MA		4 PET	77	LAS	л
IMORE,	execut		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO. 3-8163	Mor gran	rda R.	Schieber		5 Oako	21234 rest are
ST., BALT	Thirde I		18 CAUSE OF DEAT PART I, DEATH W	'AS CAUSE	ly ane cause per D BY: E CAUSE (a)	/)	mana ich	y eden	~				MATE INTERVAL ONSET AND DEATH
S, 201 W. PRESTON	ires that the death ce gned by the interior in please in the bundle crem form P.		DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Constituting for the country of the countr								EN IN PART 110	0	
DIVISION OF VITAL RECORDS, 201	the low requirements in permit. The lene prior to nows ony injury	CERTIFICATION	190 DATE OF OPERA		19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	ED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
ON OF VIT	4YSICIAN: The right of rig	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE	AUSE OF DEA	P		DAY YEAR	21c HOW INJURY	Y OCCURRED	ENTER NATURE OF INJ			
DIVISIO	he hospital or attent the hospital or attent DIRECTOR. After the toched for use as the labelt and EDept of Health and If Item 21 is marked or	ME	WHILE AT WORK AT WO I WAT WO I Sow the decease obove (1) (we'll 22b SIGNATURE	this haspit	(AT HOME ST	REET, FACTORY, O		nd that in my) jour	NDING	to	date and have	22c. DATE	
	O HOSPITAL etorned by the TO FUNERAL should be deto with the Store MAPORTANT; If		27d PHYSICIAN'S NA	AME (TYPE OF		err.	ML	22e ADDRESS	SICIAN SI	elan :	Darl	,	
	BP		BURIAL, CREMATION, SPECIFY) BURIA		7-7-	87	PARKY	LEMETERY OR CREA	EM.	23d LOCATION BALTO		COUNTY	STATE
	DHMH - 16 60M 7/84 (VRA 15, 4)	1	L'ATO.	.00.	- 75	27 2	RESS I	RJ.	250 DATE R	O 7 1087	R 256. REGIST	RAR'S SIGNAT	URE



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201 RELEASED NON MED DR.

# 93 KOKES PER MR. GREGORY NDING PHYSICIAN: The low requires that the deal or ottending physician.

etely filled in by the funeral director, page 3 d 2 should be filed within 72 hours after death

injury, or other troumatic

IMPORTANT: If Item 21 is marked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention should be detacked for use as the burial-transit permit. Then please remove certified the State Dept of Health and Mental Hygiene prior to burial, cremotion.

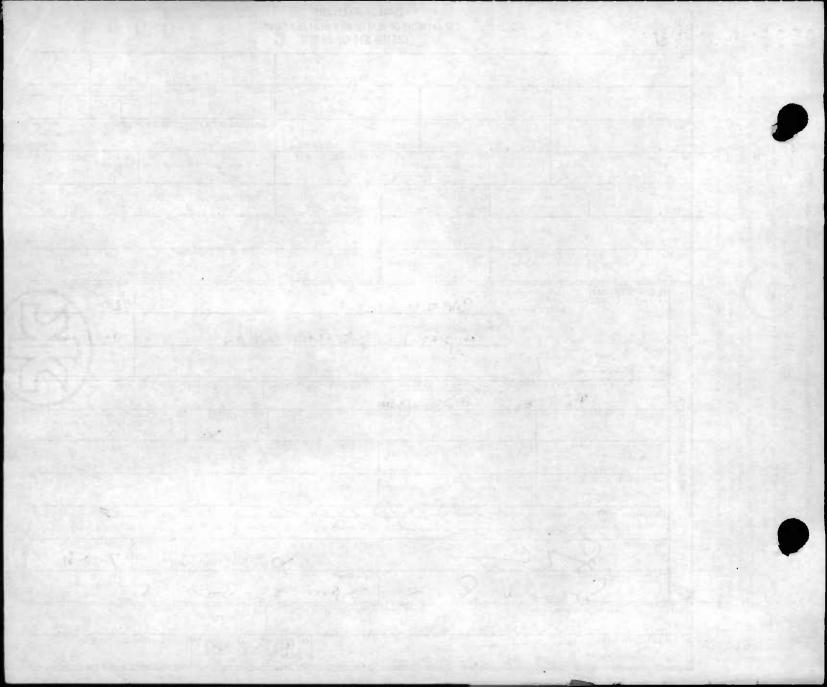
BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR STATE RÉGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						KEG. 14	0.		
	CEASED NAME FIRST		MIDDLE	1	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Joseph	hine		Sch	loer	Ju1v	9.	1987	12;55A <sub>M</sub>
3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
F	emale	Cauc.		MONT	5 1920	66	YRS.	MONTHS DAYS	HOURS MIN.
To B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C		Y OF DEATH	
	d.	U.S.A		WIDOWE	DIVORCED DIVORCED	Baltimore	City	,	445
	ITY OR TOWN OF DEATH			•	OR OTHER INSTITUTION	120. USUAL OCCUPAT			MD F BUSINESS OR
D	.1		THE FACILITY, GIVE STREET		-1	TT	OF WORKING I	LIFE) INDUSTRY	
	altimore  AL RESIDENCE   IF NURSING HOME O		Hopkins H		aı	Housewife	-		
13a.	STATE 13b. COU		13c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	d.		Baltimor	e	YES XX NO .	2602 E. Fa	irmou	int Ave	21224
14 17	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	T
A	1bert		Ament		Anna			Antkow	iak
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
N		TE THAT ON DAILES!	220-05-8	528	Gerard Schlo	er 2602 E.	Fairm	nount Av	e
	18 CAUSE OF DEATH (Enter of	nly one couse per							IMATE INTERVAL
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)	CARO.		Mest			1/262	
	IMMEDIA								THE STATE OF
	Conditions, if any, which	DUE 10, O	RAS A CONSEQUE		2 D'AStis.	Mell de.		10-1	(4x
	gove rise to immediate	(b)—			1 100 14 00 1004;	000000		1/0	- / -
	couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
	PART 2. OTHER SIGNIFICANT	(c)	ON IT DISLITING TO F	DE ATHERUT	NOT DELATED TO THE TERM	NAME OF STREET	DITION	1/51/01/01/07	
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	0.5	^		MINAL DISEASE OR CON	DITION G	IVEN IN PART III	3
CERTIFICATION	190 DATE OF OPERATION	19h COND		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120b. IF YE	ES, WERE FINDIN	NGS USED
F		_					IN CERT	IFYING CAUSES	OF DEATH?
1 2	210. ACCIDENT WAS UNDERLYING	7 216 TIME C	E INTITION		21c HOW INJURY OCCURE	YES NOO		ES	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH DA	YEAR	THE HOW INJOK! OCCOR	LED LENIER NATURE OF INJU	KT IN II EW 18	PART TOR PART 2)	
ō	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19				- Maria	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
`	AT WORK NOT WHILE								
	22a.1 certify the (this hosp	1-111	e deceased from_	0-1		2,10 (3/	30		that (I) (we) lost
	sow the deceased alive or above, (I) (we) (did) (did no	view the body	ofter death.	7.01	nd that in ( (our) opinion (	death occurred on the d	ate and ha	ond from the	couses stated
	226 SIGNATURE	1/			DEGREE			22c. DATE	SIGNED
	X	M			ATTENDING	MEDICAL STA	FF IAN []	7-1	0-11
1	228. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS				
	11	V V	SIM-	~	5000	5 BALTE		55	
	BURIAL, CREMATION, REMOVAL	23b DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
_	(SPECIFY)					CITY OR TOWN	D. 1.	COUNTY	STATE
	urial UNERAL DIRECTOR	1.7/13/	8/ 10	ak La	wn Cem.	E REGID, BY REGISTRAR		imore TRAR'S SIGNAT	Md.
B	. Dabrowski & S	on 2010	ADDRESS  Do 1 + 5		. 111	L 1 3 1981			
	· MUNITONOVI (A ')	1111 /010	E DOITH	mara	NT.				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			1. DE	CEASED NAMI	E FIRST		MIDDLE		LAS	7			ATE KNOV	VN 77 MON	TH DAY	YEAR 25 HOUR
		38.8.8. <del>−</del>	{TYP	E OR PRINT)	ANI	DREW (	Coker		SC	CHMID	יוער	D	OF ESTI	I- X ED   7	2 19	37
		TREE TREE	3. SEX	(	4 RACE	S. DATE OF BIRTH		AGE (IN YEARS	IF UNDE		IF UNDER 24	4 HRS. 2c.	DATE	MONT		YEAR 2d HOU
		IS NECESSARY, PLASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS I W. RRESTON STREET,	Ma1	е	White	Sept. 1,	1922	64 YRS	MONTHS	DAYS	HOURS A	MIN PRO	NOUNCED DEAD	7	2 19	87 6:45
1311	3	RAL KAL	7a. BI	RTHPLACE (ST		76. CITIZEN OF W		RY? 8	MARRIED	X1 NEV	ER MARRIED	9 B	ALTIMORE C	CITY OR COL	INTY OF DEA	
		N N N N N N N N N N N N N N N N N N N	M	laryland		U.S.	Α.	,	WIDOWED		DIVORCED		Bal	timore	City	ME
		SE SE SE	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTHER	INSTITUT	TION 1	20 USUAL (	OCCUPATION OF WORKING UP	N (TYPE OF WOR	OR IN	OF BUSINESS
	Y	DELAY PAGE FILL PAGE FILL PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		Baltimo		Union M						Stee]	of Working Life	er	Stee	I Mfgr.
	21201	AND DELAY IS NAMED TO THE FURNISHED BE FILED. PECHOLOGICAL MANAGES AND WESTERN WAS AND	13a S	TATE	13b COUN	OR OTHER INSTITUTION, G ITY	13c. CITY O	OR TOWN	136	I. INSIDE CIT	TY LIMITS? 1:	3e STREET	ADDRESS	s Road	04.044	
	0.31	<b>☆ 20 m 20 m</b> ★ 2 2 2 2 2 m		THER'S NAME		-	Balt	imore,					L Fall	s Koad	21211	
	. MC			FIRST		MIDDLE	L	AST	15.	. MOTHEI	R'S MAIDEN		MIDDLE	0.1	LAST	
	OR	E SE	16n V	John Scl	nmidt Dever in U.S. Ar.	MED FORCES?	TIAN SOCI	AL SECURITY N	VO 17	INFORM				Coker	005	
	ALTIMORE	URS AFTER D B. GWE PAG WITH FORM T. PAGES I DIVISION O	141	es, no, or unkno		WAR OR DATES)		18 6440	) F	Rick	Fitzh	ugh 2 <sup>1</sup>	ory rai	ound R	085 d. Jop	patowne
	.0	S S S S S S S S S S S S S S S S S S S			F DEATH (Enter on	ly one couse per line						0			APPRO	XIMATE INTERVAL
V	NST	F. R. R. R. P. L. L. R. P. L. L. R.	7	PARTIDE	ATH WAS CAUSE	D DV		Cerebra	al Tra	auma					BETWEE	ONSET AND DEATH
-	STO	A A LO		11	6	DUE TO, OR	AS A CONS	SEQUENCE OF	1.0							
	98	AAL Y			ns," if any, which se to immediate		5 1 1	1714	1.5	0.75			2.30	-		
	× ×	AAMIII AANII		couse (o) lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONS	EQUENCE OF								
	5, 20	NO A REAL				(c)										
	DIVISION OF VITAL RECORDS, 201 W. PRESTON STER'S	E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18 WARABED TO THE CHIEF MEDICAL EXAMINER ALONG WARABED TO THE CHIEF MEDICAL EXAMINER ALONG WARABED AS A BURIAL-TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. STATE DEPARTMENT OF REMOVAL.	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATI	ED TO THE TERMINA	IL DISEASE OR	CONDITION	GIVEN IN PART I	1 (a).				
	I R	A HE AL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR W	HICH OPERAT	ION WAS	PERFORA	MED?				20 AUT	OPSY?
	N N	38 9 9 5 5 F	FE			2-4				9.1			100			NO [
	9	Same a			L CAUSE WAS	11b. TIME O HOUR A.M		DAY YEAR						TEM 18 PART 1 OR	PART 2)	
	SION	PAR RIOB RIOB	MEDICAL	CONTRIBUTING	OR NG CAUSE OF		CF INJURY	2 1987	Subje	ect i	in hous	se tha	at col	lapsed		
	DIVI	S CERTINA S CERTIFICATION OF THE COLUMN OF T	ME		NOT WHILE S	STREET, FAC	TORY, FARM, ETC		STREE	T			OR TOWN		COUNTY	STATE
	653	PAGE STATE		AT WORK	AT WORK	Ho	ome				alls Ro	a. Ba	alto.			Md.
		AND SERVICE STATES		C. C. Stranger	λ	ge of the remains de			Autopsy	_	Inspection		quiry .	ond in my	opinion	
-		AMI STIFI RECT RECT RYLV		death resulte	ed from Natu	rol causes 🔲,	Accident	XI, Suici		Homici		Undetermin	ned manner	L.		
		A PECE		ACTUAL SIGNATURE	M	On	ah		M.D.	Deput	cy Chie	ef MEDICAL	EXAMINER	DAT	TE 7-	2-87
		TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLANG, 2	-	EXAMINER'S	NAME Anr	n M. Dixon	n, M.D	•	ADI	DRESS	111 Pe				Md. 2	1201
		PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. Bl	JRIAL, CREMA	TION, REMOVAL 2			AME OF CEME			RY	23d. LOCAT	ION			
	07.40.4	0.0	(5	Ruria	1	7/6/87	Pa	rkwood	Cemet	terv		Balt	imore.	Marvi	and	STATE

07/84

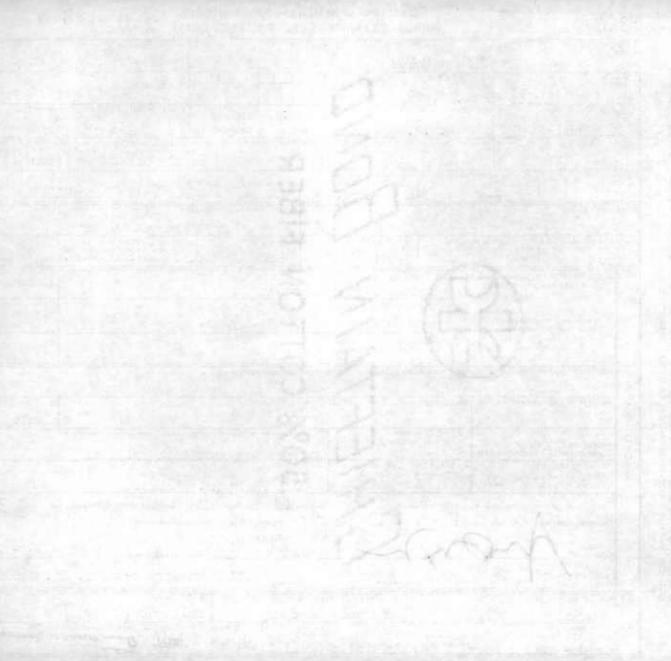
**DHMH - 17** (VR A15 ME (5))

BP

24. FUNERAL DIRECTOR

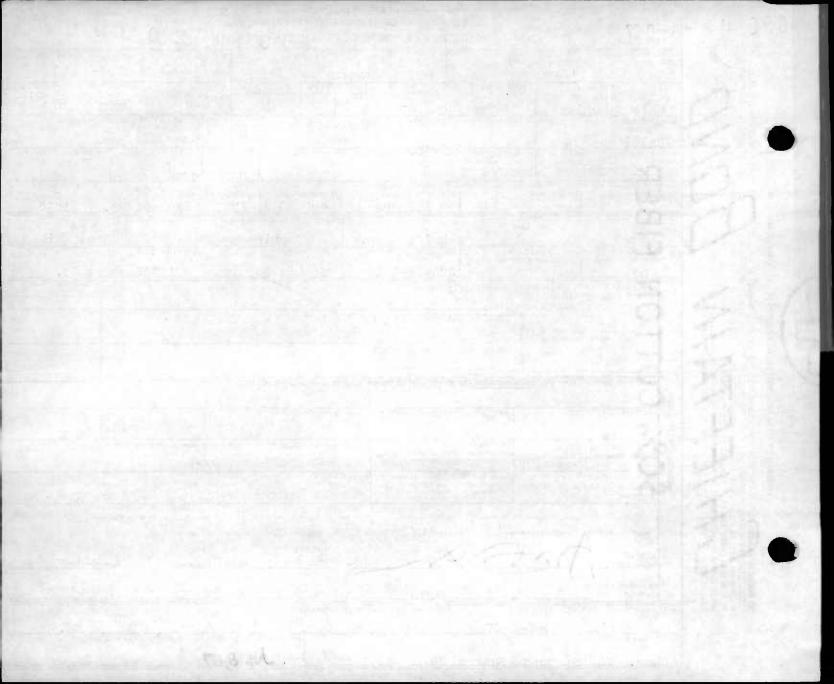
25a. DATE REC'D. BY REGISIRAR

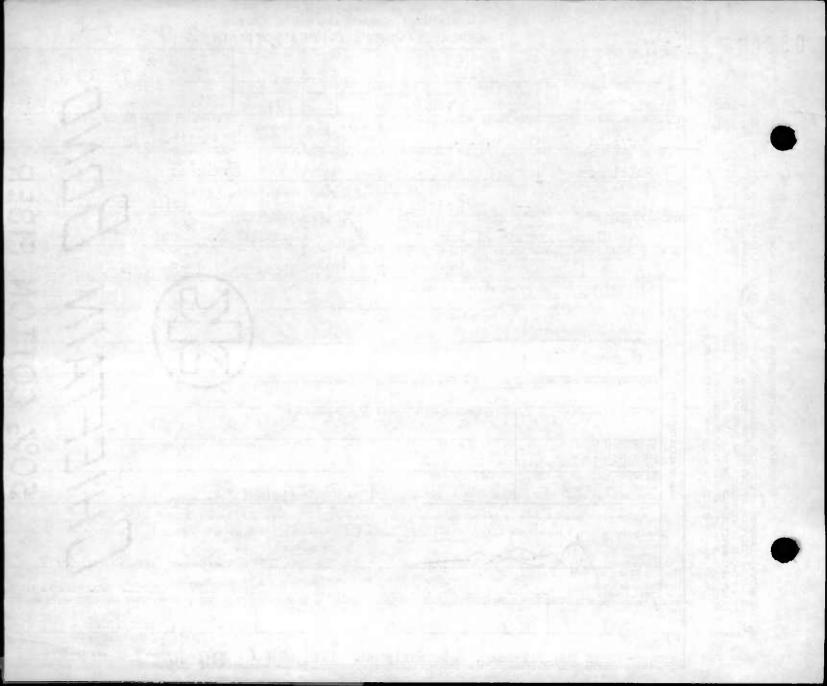
Burgee-Henss Funeral Home, 3631 Falls Rd 21211



INC.

STATE OF MARYLAND





#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

1 -	REGISTRAR					ICATE OF DEATH	REG.	NO.		
THYPE	ASED NAME	FIRST		AIDDLE	D	AST	20 DATE OF DEATH	MONTH	DAY YEAR	Th HOUR
		3 LLEN		WEG BER			6 AGE (IN YEARS LAST	5	IF UNDER TYEAR	0
3 SEX	<sup>×</sup> M ALE	1	RACE HI	TF	5. DATE O	DAY YEAR	5 8	BIRTHDAY)	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	OREIGN 7b.		WHAT COUNTRY?	8	19 38	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
MA	ARYLAND		USP	1	MARRIED	DIVORCED DIVORCED	BULL	3500	CITY	,
5	TY OR TOWN OF DEAT	31	(IF NOT IN SUC	HEACILITY, GIVE STREET	MERC)	Y HOSPITAL	EXECUTIVE DIRE	T OF WORKING L	WEL INIDITETRY	HEBRE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR should be detached fa with the State Dept. of MPORTANT: If Hem 2

FOR

0588

	STATE	OF M	ARYL	AND	
DEPARTMEN	T OF H	EALTH	AND	MENTAL	HYGIEN

111	9.1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	7 REGNO. 0	93
		CEASED NAME FIRST OR PRINT) MARS	SHALL Jackson	SCHE	ROEDER Jr.	A DATE OF DEATH	2:16
7	3. SEX		14 RACE	5. DATE C		JULY 1, 198	IF UNDER 1 YEAR IF UNDER 24 HRS.
00	J. JL/	Male	White	MONTE		55	MONTHS DAYS HOURS MIN.
-	7n RI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	ITDV2 8	V	9. BALTIMORE CITY OR COUNTY	OFDEATH
0/	(	COUNTRY)	USA	MARRIE	D NEVER MARRIED		
10 Pg		Balt MD TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME (		BALTIMORE C	ITY M
N C	100	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE THE JOHNS	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIF	
must be		AL RESIDENCE (IF NURSING HOME STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c, CITY OF	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES A NO	13e.STREET ADDRESS / ZIP CODE 2319 Ashland Av	ve.,21205
FRE		THER'S NAME Marshall Jacks	on Schroeder S	r.	15. MOTHER'S MAIDEN NA/ Charlotte	ME MIDDLE Cor	d
MR.	0	vas deceased ever in u.s. a (es, no or unknown) Yes Ko	GIVE WAR OR DATES)	0-3657	Lois C. Shy	der Same as #13	
PER		PART I. DEATH WAS CAUS	only one couse per line for (o), ( SED BY: ATE CAUSE (o) LACD		NONARY APRES	T DUE TO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF	FAILURE D	VE 78	3hRs.
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R.	NO	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110.
ED-D	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?  S NO
Z Z	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
rked or lien	MEDICAL	71d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	**	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
D AS			spital) attended the deceased in a contract of the spital	03	nd that in (my) (our) opinion (	deoth occurred on the date and hou	19, that (1) we) los r and from the couses stated
F Hen S 田		27h SIGNATURE	1.0		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
RELEA		JAMES	L. BAKER	My	27e ADDRESS	LINS MOST, BALT	imore, ma
< P4	72 6	NICHAL CREMATION PENGU	11 DOLD ATE	TO NIAME OF C	FARTERY OR CREW ATORY	Tand LOCATION	

330 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial BP.

231 NAME OF CEMETERY OR CREMATORY July 3, 1987 Crest Lawn Cemetery

Mariottsville. Howard MD

24 FUNERAL DIRECTOR

Charlton Funeral Home 22007 Eastern Ave.

23b. DATE

JUL 7 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

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y filled in by the funeral director, page 3 cs. sbould be filed within 72 haurs after death

Page

remove carbon popers.

TO FUNERAL DIRECTOR. After this certificate has been signed by the effection of should be detached for use as the burnol-transit permit. Then please remove carbon popel with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

executed within 24 hours after death. Page

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO	U	0	1	

42	REGISTRAR						W REG. I	VO.			
PE	SED NAME	FIRST	A	AIDDLE	L.	AST	20 DATE OF DEATH	MONTH	DAY YEA	R 21	HOUR
- (TYPE	OFPRINT)	Shirle	У	Α.	Schu	ler	July 17,	1987			
3. SEX	x -		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 Y	EAR I	UNDER 24 H
	male	000100	White			2-29AY YEAR	58		MONTHS D	AYS - F	IOURS N
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	Dorse	У		Berger		Clara			LeE	onn	
	VAS DECEASED EN		MED FORCES?	16b. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDI	RESS			
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John C. Miller, INc., 6415 Belair Rd. 21206

Julia Davidson Rendals JUL 21

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physicion.

BP.

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ite be executed within 24 hours after death. Page 4 may be

n ond completely filled in by the fu Poges ord 2 should be filed with

		9	ī	A	TE	•	) [	A	A	A	R	YL	A	N	C
 	 	 	_	_								_	-		

1	1	PSTATE REGISTRAR				CERTIF	FICATE OF DEATH	8 / REG. N	of U	0 9	2
1		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	(ITPE	ORPRINT)		COVAS	s.	SC	HULTE	JULY 0	8, 19	87	12:2
~	3. SEX			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	PTHDAY)	IF UNDER I YEAR	
		Female		Whi	te	Ju	ly 26 1929	57	YRS	MONTHS DAYS	HOURS
75		RTHPLACE (STATE OR OUNTRY)  Maryland	FOREIGN		WHAT COUNTRY	? 8 MARRIE WIDOW	D TO NEVER MARRIED	9 BALTIMORE CITY O	more (		
25	10 CI	Y OR TOWN OF DE		11. NAME OF		T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIF	126 KIND ( INDUSTRY	OF BUSINES
18	13a. S	AL RESIDENCE (IF NUR TATE	SING HOME OR	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 4402 Ann			206
		THER'S NAME				016	15. MOTHER'S MAIDEN NA	ME	valla 1	AVE . ZI	200
X		Carl		B.	Sherre	4	Hazel	M •		Melan	nahan
	160 V	AS DECEASED EVER			16b SOCIAL SEC	-	17 INFORMANT	ADDR	ESS 2	21206	
	{Y	ES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	218-24-	8413	Charles A	. Schulte 4	402 A	nntana	Ave.
		18 CAUSE OF DEA PART I. DEATH V		E CAUSE (0)	METAS!	PATIC	CANCER OF	THE LUNG	7		
7	FICATION	Conditions, if any gave rise to im couse (a), statiunderlying cous	, which mediate ng the e lost.	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C	METAS  DR AS A CONSEO  DR AS A CONSEO  ONTRIBUTING TO	PATIC  UENCE OF  UENCE OF	CANCER OF	AINAL DISEASE OR CON	20b. IF YES	S, WERE FINDI	INGS USED S OF DEATH
2	ERTIFICATION	Conditions, if any gave rise to imcouse (a), stati underlying caus  PART 2 OTHER SIG	IMMEDIAT  /, which mediate ng the e last.  NIFICANT C	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C	METAS  DR AS A CONSEO  DR AS A CONSEO  ONTRIBUTING TO	PATIC  UENCE OF  UENCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NOTE} \)	206. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
29	CAL CERTIFICATION	Conditions, if any gave rise to im cause (a), stati underlying caus	IMMEDIAT  I, which mediate ng the e lost.  NIFICANT CONTROL  ATRON  ADERLYING CAUSE OF DEA	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  19b. COND  11b. TIME ( HOUR A	METAS  OR AS A CONSEO  ON AS A CONSEO  ONTRIBUTING TO  ONTRO FOR WHICE	PATTC  UENCE OF  DEATH BUT  H OPERATIO	NOT RELATED TO THE TERM	AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NOTE} \)	206. IF YES	S, WERE FINDI FYING CAUSES	INGS USED S OF DEATH
29	MEDICAL CERTIFICATION	Conditions, if any gove rise to im couse (a), stati underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED  21d INJURY OCCUR	IMMEDIAT  I, which mediate mediate mediate mediate mediate. The mediate mediat	DUE TO, C  (b)  DUE TO, C  (c)  19b CONE  19b CONE  19b CONE  19b TIME (A)  P  21b TIME (A)  P	METAS  OR AS A CONSEO  ONTRIBUTING TO  DITION FOR WHICH  OF INJURY  L.M. MONTH	DEATH BUT  H OPERATIO  DAY YEAR	NOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NOTE} \)	20b. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH NO
29		Conditions, if any gave rise to im couse (a), stati underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MEE 21d INJURY OCCUP AT WORK ALW  22a.1 certify that (1)	IMMEDIAT  I, which mediate not	E CAUSE (a)  DUE TO, C  (b)  DUE TO, C  (c)  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME ( HOUR A  )  P  21e. PLACE (AT HOME S)	OR AS A CONSECUTION FOR WHICE  DEFINIURY  A.M. MONTH  I.M. MONTH	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY?  YES NOTER NATURE OF INJUING TO THE TOTAL TO THE TOTAL TOTA	20b. IF YES IN CERTIF YE  JRY IN ITEM 18 F	S, WERE FINDS EYING CAUSES S PART 1 OR PART 2)  COUNTY	INGS USED S OF DEATH NO  STA
29		Conditions, if any gave rise to im cause (a), stati underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  WHILE AT WORK ALT WIT WAS UN  22a. I certify that (I saw the decea above, (I) (we))  22b. SIGNAT PRE	IMMEDIAT  I, which mediate ng the e lost.  INIFICANT CONTROL  ATRON  ATRON  ATRON  IDERLYING CAUSE OF DEA  INICAL EXAMINER  RED  INITIAL CONTROL  INITIAL CONTR	DUE TO, C  (b)  DUE TO, C  (c)  19b COND  19b COND	OR AS A CONSECUTION FOR WHICE  DEFINIURY  A.M. MONTH  I.M. MONTH	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  UNE 26, 19 87 nd that in (my) (our) opinion  PEGREE  ATTENDING PHYSICIAN (	AINAL DISEASE OR CON  200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJUITY OR TO  LITY OR TO  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIF YE DWN  8 late and hou	COUNTY  19 87.  220. DATE	INGS USED S OF DEATH NO STA
29		Conditions, if any gave rise to im couse (a), stati underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE  21d IN JURY OCCUR  WHILE (IN OT WAS UNDER ALL WORK)  22a.1 certify that (1)  22b. SIGNAT PRE  22d. PHYSICIAN'S N	IMMEDIAT  I, which mediate ng the e lost.  INIFICANT CONTROL  ATRON  ATRON  ATRON  IDERLYING CAUSE OF DEA  INICAL EXAMINER  RED  INITIAL CONTROL  INITIAL CONTR	DUE TO, C  (b)  DUE TO, C  (c)  19b. CONDITIONS C  19b. CONDITIONS C	OR AS A CONSECUTION FOR WHICE  DEFINIURY  A.M. MONTH  I.M. MONTH	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	216 HOW INJURY OCCUR  216 LOCATION STREET  UNE 26, 19 87 and that in (my) (our) opinion  PEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS CHIL	200 AUTOPSY?  YES NOTER NATURE OF INJUING A TO STANDARD COURSE ON THE COURSE OF THE CO	20b. IF YES IN CERTIF YE DWN  8 lote and hau	COUNTY  19 87  220. DATE  CORPOR	that (I) (we e causes state

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L. Holarnonan 2120b	foraB	Estrada . E	Pago
. Somito 4402 Amerana Lve.	osithio	\$18-22-413	

Organization and the Company Company Compromition:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR			I	PART	MENT OF F	EALTH	AND M	ENTAL H	<b>IYGIENE</b>						
		STATE REGISTRAR			ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH_,	REG NQ				
III 20	07	EASED NAM		197		WIDDLE			LAST		9	a. DATE K	NOWN F	MO	BA	YEAR	HOUR
JUL 23	01	(OF PRINT)	Al	fred	H	lerman	a	Sch	ıltz,	Jr.		DEATH A	AATED 🔀	7/	23/1	87	1 .
390	), SEX		4 RACE	5. D	ATE OF BIRTH		6 AGE IN YEA	RS IF UN	DER 1 YR.	IF UNDER		c. DATE		MONTH	DAY	YEAR	28 HOUR 4:15
35	Ms	le	White		1 31	10	77 YR	70100	DAYS	HOURS	MIN. P	RONOUNC DEAD	ED	7/	24/1	, 87	4:15 P M
VP	7e. 81	ETHPLACE (1)			CITIZEN OF WH		TRY?	8. MARRI	ED   NE	VER MARRI	IED (X)	BALTIMO	RE CITY O	COUN	TY OF DE	ATH	
5	Ma	ryland		33	United	State	es	WIDOW		DIVORC		Balti	more (	City	,		MD
~	18. €1	Y OF TOWN	OF DEATH		NAME OF HOS			OR OTH	ER INSTITU	TION	12a. USU/		ATION ITYPE	OF WORK	126 KINE	OF BUS	INESS
2			ltimor	e	4413 M	oravi	a Rd.		pt. 1	0	Purc	hasin	g Age	nt	Copp	ere&	Bras
1	USUA 13a ST			HOME OR OTH	ER INSTITUTION, GIV		OR TOWN		13d INSIDE C	ITY LIMITS?	13e. STRE	ET ADDRES	S	21	206		
2	_	ryland	-	*****	-		ltimore			NO 🗆	441	3 Mor	avia	Rd.	Apt	. 10	
J	14. FA	THER'S NAME	300	WD	out		LAST		15. MOTH	ER'S MAIDE	ENNAME	MID	DLE		LA	ST	
2		Alfred		1371-5-01	man		ıltz, S			ertha					idem		
	16a. W	AS DECEASE S. NO. OR UNKNO	DEVER IN U	S. ARMED I			IAL SECURITY		17. INFOR/	M			Rabin			2202	1
1	n	0					-03-093	0	431/	Lees	Corn	er Rd	. Ch	anti	11y,		
		18 CAUSE C	F DEATH (Er	AUSED BY:	e couse per line				: - 0-	3:		D:			BETWE	EN ONSET	NTERVAL AND DEATH
				AEDIATE CA	OSE (U)		erioscl		ic ca	ratov	ascul	ar Di	sease		-		
9.		Canditio	ns, if any,	which	DUE TO, OR	AS A CON	ISEQUENCE C	)F									
		gave ri	se ta imm	ediote )	(b)											-	
		lying cou	stating the use last.	onder-	DUE 10, OR	AS A CON	ISEQUENCE C	F									
		PART 2 OTHER C	CHICICANT CON	OTTIONS CONTRO	IBUTING TO DEATH I	NIT NOT BEL	775 70 705 75000		00.0000000						1		
	Z	TAKE 2 OTHER S	ONITICANT CON	OIIION) CONIK	IBUTING TO DEATH	DUI NUI KELA	IED IO INE IERMI	MAL UISEASE	UK CONUITO	IN GIVEN IN PAI	RI I (a).						
0	CERTIFICATION	19a DATE OF	OPERATION	V	TI96, CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					[20_ALI	TOPSY?	-
1	FIC	TALE														s 🗆	NO 🔀
	387	21a_EXTERN	AL CAUSE W	AS	216. TIME OF			21c HC	OW INJURY	OCCURRE	D (ENTER NA	ATURE OF INJUI	RY IN ITEM 18 P	ART I OR PA		3 🗀	140 (23)
3		UNDERLYING	OR OR	SE OF DE AT			DAY YEAR	100									
1	MEDICAL	214 INDITION	CCUPPED		21e PLACE C	F INJURY	(AT HOME,		CATION				1 7				
	Z	WHILE AT WORK	NOT WHI	LE 🗌	STREET, FACT	ORY, FARM, E	TC.)	S	TREET			CITY OR TOWN	7	co	UNTY		STATE
Н					he remains des	cribed abo	we held as	Autops		Inspection	. X	Inquiry	7	d in my or	union		
			ed fram:		137	Accident		cide		cide .		rmined mon		in my of	Jillion		
М		deam reserv	NI	0 1 -	- 1	11	Δ.			SPECIFY)	0110010	Time o mon					
		ACTUAL SIGNATURE	IM	und	e Me	Mu	ll.	м		istan	t MEDIC	AL FXAMI	NER	DATE	D	7/25	/87
7			V	0		7.17			1				· ·	310142		-	
1	-	EXAMINER'S (TYPE OR PRI	NAME NT)	Ma	rgarita	A. I	Korell,	M.D	ADDRESS_	4	100	111 P	enn S	t.			
	230. BI	JRIAL, CREMA				-	NAME OF CEM			ORY	23d. LOC	RTOWN		COU	NTY	STA	TE
		Bu	rial		/28/87		aklawn					timor					MD.
	24 Ft	NERAL DIREC	TOR Lor	ing B	yers Fu	neral	Direc	tors	, Inc	750. DATE F	REC'S BY	REGISTRAR	75b. REG18	TRAR'S S	GNATU	Render	250
11	87	28 Lib	erty R	nad :	Randall	ctown	MD	2111	3.3	UUI		1001	1 65				

07/84 BP. 25M **DHMH - 17** (VR A15 ME (5))

Ruck Towson Funeral Home, Inc., Towson, Md. 21204

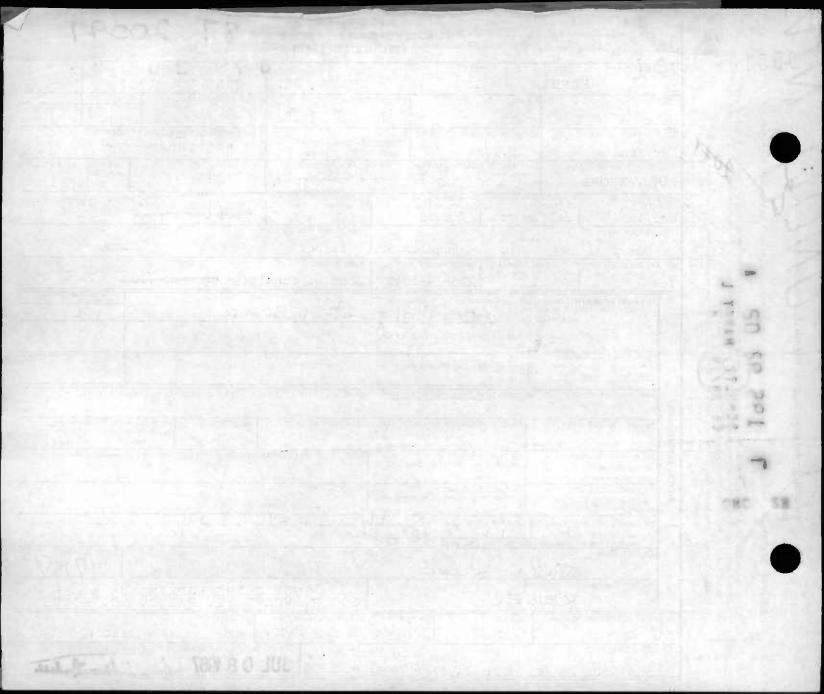
FOR Film #G629, Item #13e, DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84

(VRA 15, 4)

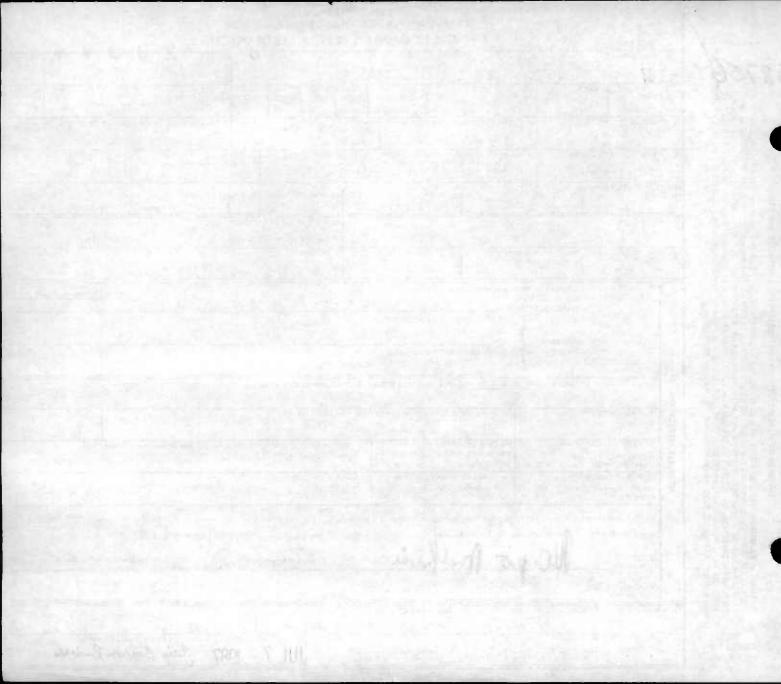
STATE OF MARYLAND



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 20098

I III DO RAGIST	RAR	MEDICAL	EXAMINER'S	CERTIFICATE C	F DEATH REG. NO.	
DECEASED (TYPE'OR PRIN	NAME FIRST	MIDDLE		LAST	OF ESTI-	THE DAY YEAR 26. HOUR
1		LIAM	SCHULT	7.	DEATH MATED 7-	74-870 9 8 1
STREET 3. SEX	4. RACE	S. DATE OF BIRTH		DER TYR. IF UNDER		H DAY YEAR 24 HOUR
Male	White	Jan. 29, 1922	65 YRS.	HS DAYS HOURS	MIN PRONOUNCED DEAD 7	-24-879 6:158
70. BIRTHPLA	CE (STATE OR	76. CITIZEN OF WHAT COUN	JTDV2 IR		9 BALTIMORE CITY OR COL	
German German		USA	WIDOW	IED NEVER MARR		-17
	OWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME, OR OTH	• •	120. USUAL OCCUPATION (TYPE OF WOR	
Balti	more	1012 Hollin	S Street		FOR MOST OF WORKING LIFE) Distributor	Wholesale
USUAL RESID		R OTHER INSTITUTION, GIVE RESIDENCE				Deadus
Md.	13b. COUNT		or town timore	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 1249 Woodbourne	e Ave. 21239
14. FATHER'S	NAME	WIDDLE		15 MOTHER'S MAIDE	ENNAME	
Ada	m	Schultz	LAST	Eliza	abeth Jane F	lepden lepden
160. WAS DE	EASED EVER IN U.S. ARA	MED FORCES? 16b SOC	CIAL SECURITY NO.	17. INFORMANT	ADDRESS	21133
Yes	WWI (IF YES, GIVE Y	VAR OR DATES) 217	-16-6355	Mrs. Elsi	e M. Grunewald, 8	
18 CA	USE OF DEATH (Enter onl	y one couse per line for (a), (b	), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PA	RT I DEATH WAS CAUSED IMMEDIAT	E CAUSE (a) Arteri	osclerotic	cardiovaso	cular disease	
		DUE TO, OR AS A CON	SEQUENCE OF			
2 00	nditions, if any, which we rise to immediate	(b)				
co	use (a) stating the <u>under-</u> ng couse lost.	DUE TO, OR AS A CON	SEQUENCE OF			
l ly	ing couse lost.	(c)				
PART 2	THER SIGNIFICANT CONDITIONS	ONTRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 to .	
N N						
190. D/	TE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION W	AS PERFORMED?		"HEADSYONLY)
THE THE						YES X NO
210. EX	TERNAL CAUSE WAS	21b. TIME OF INJURY	21c. He	DW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	R PART 2)
	LYING OR	HOUR A.M. MONTH	DAY YEAR			
71d IN	URY OCCURRED	21e PLACE OF INJURY	(ATHOME, 21f. LO	CATION	Especial Marie Control	
X WHILE	ORK NOT WHILE	STREET, FACTORY, FARM, E	TC.)	TREET	CITY OR TOWN	COUNTY STATE
		e of the remains described boo	ONT.Y)	ΓX		
		TY.				opinion
death	resulted from . Nature	alcauses Accident	Suicipe L	, Hamicide 🔲	Undetermined manner,	
₹ ACTU		y to stelle	A/1-1/2	TITLE (SPECIFY)	DA.	TE 7 04 07
EXAMI (TYPE		0 ) / 0				7-24-87
Z3g BURIAL C	NER'S NAME	Mario F. Golle		ADDRESS	1 Penn Street	
	REMATION, REMOVAL 2	B. DATE 23c 1	NAME OF CEMETERY O		23d. LOCATION	OUNTY STATE
\ Bu	ial / // 4	\$127/87 N	ioreland Me	morial	Baltimore	Maryland
24 LUMERAL	and a	ADDRESS ADDRESS		250. DATE	REC'D. BY REGISTRAR 256. REGISTRAR	SSIGNATURE
Lemm	on Mitchell-		W. Padonia	RD.	1987 Julia Di	widon Parlace

s pille



# 060752 27 BETATE REGISTRAR JUL ly filled in by the funeral director, page 3 should be filed within 72 hours after death тоу ре DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND \$1201

is Poges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiclos should be detached for use as the burial-transit permit. Then please remove carban papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	2	0	i	0	J
	REG. N	10			1
E OF	DEATH	MONTH	DAY	YEAR	2b. HOUR
		2	0.1	100	F 20

	CEASED NAME	FIRST		MIDDLE		LAST	7	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR		
		Marga	ret. Qu	inn		Scott	200		Julv	21 1987	5:30	M	
3. SE	X		I. RACE			OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H		
	Female		White		Fe		1908	79	YRS	MONIHS DAYS	HOURS M	IN.	
	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY		OFDEATH		_	
	Virginia	a	USA		WIDOW	DX NEVER	MARRIED	Baltimore				MD.	
10 CI	TY OR TOWN OF DEA	ATH SP		HOSPITAL, NURSING HEACILITY, GIVE STREET		OR OTHER INS	TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION		F BUSINESS	OR	
	altimore			rland Gen		Hospita		Homemal	cer				
13a. S	AL RESIDENCE (IF NURS	13b GOUN		134 CITY OR TOV  Baltim	N		NO NO	13e STREET ADDRESS 7956 East			o. 212	224	
14. FA	ATHER'S NAME FIRST	٨	NDDLE	Quinn		15 MOTHER	S MAIDEN NAM	MIDDLE		LAS	1		
	VAS DECEASED EVER			166 SOCIAL SECT		17 INFORM	ANT	ADD	RESS				
(,	NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	218-03-3	572	Roger	Scott,	7956 East	lale Ro				
	18 CAUSE OF DEAT	H (Enter an)	y one couse per	line far (a), (b), ar	nd (c).)					BETWEEN	MATE INTERVAL ONSET AND DEA	TH	
	PART I. DEATH W		CAUSE (a)	ind Stage	Chro	nic Obs	tructiv	e Pulmonar	'V 3				
	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (b)										Years		
	gave rise to imm cause (a), statin underlying couse	nediate ig the	)	r as a consequ	ENCE OF	41			20	100,1			
NO			_		DEATH BUT	NOT RELATE	O TO THE TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART III	)		
MEDICAL CERTIFICATION		Urosepsis, Lung Carcinoma  190 DATE OF OPERATION  190 CONDITION FOR WHICH				N WAS PERFO	FORMED 200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES C						
AL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	H		AY YEAR	21c HOW II	VJURY OCCURRI	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)			
MEDIC	21d INJURY OCCURE	RED	21e. PLACE			211 LOCATI		CITY OR	rown	COUNTY	STATE		
	220.1 certify that (N saw the decease abave, (IXwe) (c	(this hospite			July 87°	nd that in Ky	, 1987 ) (aur) apinian d	, taJUY_eath accurred an the	21 date and hou	19 <u>87</u> , and fram the	that (X (we)	last	
	276. SIGNATURE	Ligh	ant			DEGREE	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN X	22c. DATE	12/8	7	
	22d. PHYSICIAN	AME INFECT	suncil.			22e ADDRE	SS						
	MARCO		2UGHAT	B MC			/O Mary	land Gener	al_Hos	pital			
	BURIAL, CREMATION, ISPECIFY) Buria		7/24/8			Heart o	of Jesus			Balto.	M₫¹		
	uneral director tchell-Wie	defe1	Home,	Inc. ADDRESS		York R	d., 250 DATE	REC'D. BY REGISTRA	Julia Julia	TRAN SIGNAT	REday		
24. FL	MARCO SURIAL, CREMATION, ISPECIFY) Buria  UNERAL DIRECTOR	REMOVAL	7/24/8	37 Sa	cred 6500	22e ADDRE CEMETERY OR Heart of	PHYSICIAN DESS  // Mary CREMATORY of Jesus d.   250 DATE	land Gener  23d LOCATION Dundalk  REC'O BY REGISTRA	al Hos	Balto.		Md <sup>1</sup>	

DHMH - 16 60M 7/84 (VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR			D	EPARTM	ENT OF	HEALTH	AND M	ENTALH	IYGIEN	E		. 1		
30	STATE STATE STRAR			MED	ICAL E	MAX	IER'S C	ERTIFI	CATEC	F DEA	TH 9 REGN	0.			
	CEASED NAMI	E	FIRST		MIDDLE			LAST	Ö		20 DATE KNOWN OF ESTI-	MONTH	DAY YE	AR 2b H	OUR
	CORPRINT		Theod	ore			Sc	ott			OF ESTI- DEATH MATED	7/	24/19	87	Μ
1.5EX		4 RACE		5 DATE OF BIRTH	YEAR 6	AGE (IN YE		DER TYR.	IF UNDER		2c. DATE	MONTH	DAY Y	EAR 2d H	O4
М	ALE	BT.	ACK	6 2	45	42 Y	1011111	DAYS	HOURS	MIN.	PRONOUNCED DE AD	7/	24/19	87 Î	M
7 B1	RTHPLACE 15			76. CITIZEN OF WH		RY?	8 MARRII	ED   NE	VER MARR	IED 🗇	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	4	
	RYLAND			USA			WIDOW		DIVORC	37	Baltimore	e City	7,		MD.
	TY OR TOWN	OF DEA	TH	11. NAME OF HOSP			E, OR OTH	ER INSTITU	ITION	12a. USL	JAL OCCUPATION ITY	PE OF WORK	17b KIND O		S
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14. FA	THER'S NAME			MIDDLE	I.A.	ST			ER'S MAIDI	ENNAME	MIDDLE		LAST		
	THEODO	ORE		R.		COTT			ELTZA	BETH	BALLAF	RD.	SCO	гт	
160. V	VAS DECEASE	D EVER	IN U.S. ARM	ED FORCES?		AL SECURIT	Y NO.	17. INFOR	MANT		ADDRES	S			
N	0				N	I/A		MRS.	ELIZ	ABETE	SCOTT 130	AISC	UITH	ST. 2	FI
			H (Enter anly	ane cause per line										MATE INTERV	
	PARTIDE	AIL W		CAUSE (a)		Head	Inju	ries	with	Comp]	lications	100			
-17	14.17.5			DUE TO, OR	AS A CONS	EQUENCE	OF								
			iny, which	(b)			25.0								
	couse (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF  lying cause last.														
	iying cae	350 1031.		(c)			60.5								
7	PART 2 DTHER SI	IGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CONDITIE	IN GIVEN IN PA	kRT 1 tal.					
MEDICAL CERTIFICATION	19g. DATE OF	OPERA	TION	196 CONDIT	ON FOR W	VICH OPE	N IAON W	AS DEDEO	PAAED2				Z0. AUTOI	DCV2	
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NI C				216. TIME OF HOUR XX.	MONTH !	26/19 E	R					1985			
DIC	21d INJURY			21e PLACE O				CATION	C Was	abbe	aurecu III	1703			
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3	22a. I certi	ify that I	taak charge	af the remains desc	ribed abave	e, held an	Autops	X	Inspectio	in [].	Inquiry . a	nd in my ap	inian		
24	death result	ed fram	A Natura	d couses	Accident (	5.	ricide 🗌	_Hom	cido. X	Undet	ermined manner				
			MA	- W	1	1.0		TITLE (S	SPECIFY)						
	ACTUAL SIGNATURE,		wich	me 1	y or	Sm	_ M	ASS D	istan	t_MED	ICAL EXAMINER	DATE	D7/	25/87	7
1	EXAMINER'S (TYPE OR PRI	NAME NT)	Marc	garita A.	Kore	11. M	.D.	ADDRESS_		111	Penn St.				
	URIAL, CREMA						METERY O		ORY	23d LC	CATION	COUP	ITY	STATE	
	BURIALT	(7377	. 7	/29/87	Ea	stvie	w Cem	etery	,		LTIMORE		0.	MD	
24. FI	UNERAL DIREC	CTOR '	•	ADDRESS					250. DATE		REGISTRAR 25b. REC				
]	MARCH E	UNE	RAL HO	ME 110	1 E.	NORTH	AVEN	UE I	III O	0 400	7 /				

DHMH - 17 (VR A15 ME (5))

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07/84

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101	1-	SIAIE			DEPARTN		HEALTH AND MENTAL HYG	IENE	0 1	0 2
	1 05/	REGISTRAR CEASED NAME	FIRST		MIDDLE		LAST	REG. A	D. 0 1	VS.10 Let 110110
20		OR PRINT)	EXXXX I	seph .	Patric	k			MONTH DAY	YEAR 26 HOUR
80 00	2 664		CANAL Y	4 RACE	YOY TACTIC	S.C. DATE (	OWCROFT	JULY 5,	1987	11:42
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7 See 72	C	OUNTRY)	FOREIGN				D NEVER MARRIED	9 BALTIMORE CITY O		
\$ Z	_	irginia TY OR TOWN OF DEA	ATH		S.A.	WIDOW	DR OTHER INSTITUTION	BALTIMO 12a, USUAL OCCUPATI		TY MI
		BALTIMORI	No.	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST C		INDUSTRY
	USUA	L RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	HNS HOP		HOSPITAL	None	•	None
N N	Vi	rginia	136. COUN	rren	Front Ro		13d. INSIDE CITY LIMITS?	32 West 17		et, 22630
の意見	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		iAST
\$ C\$ C		James		ichard	Scowcro		Kathryn	Ann	20	Waggoner
5 Z		(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR	4 -	West I/th.
2 P P P		No			N/A		James & Kath	ryn Scowcro	ft, Fro	nt Royal, Va
五 一 五 一 五 一 五		18 CAUSE OF DEAT	H Enter or	nly one couse per	line for (a), (b), one	d (c).1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even even	8			TE CAUSE (o)	hypo	tens.	ion			1 /2 hou
notice NON				DUE TO, O	R AS A CONSEQUE			,		11
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ther D		couse (o), statir underlying cause	ig the	DUE TO, O	R AS A CONSEQUE	1 1 .	1			11/2 /2.
or o				(c)		hkin				1/2 11001
hen property.	Z						NOT RELATED TO THE TERMI		DITION GIVEN	IN PART 110
D ony ir	CERTIFICATION	DUIMO:	TION	19b COND	a with	OPERATIO	Tact Septum	20a AUTOPSY?	120b. IF YES, W	ERE FINDINGS USED
ME I	FIG	7151	87	P. 1.	Δ.	nese	•	YES INOI		IG CAUSES OF DEATH?
200	ER I	210. ACCIDENT WAS UNI	DERLYING [	216. TIME O	F INJURY		21c HOW INJURY OCCURR			
NO		OR CONTRIBUTING (IF EITHER NOTIFY MEDI			M. MONTH DA	Y YEAR				
Z	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	a/bl	COUNTY STATE
S ked	¥	WHILE NOT WE	RK .	(AT HOME STE	REET, FACTORY, OFFICE, FA	ARM, ETC )	ZIMEEL	CITYORTO	***	COOMI
Mor Mor		220.1 certify that (1)		tol) attended th	ey deceosed from	7	13/ 19 87	7/5 7/5	, 19_	87 , that (1) we los
of He		sow the decease obove, (I) (we) (o				7.0	nd that in (my) our popinion d	leoth occurred on the do	le and hour on	d from the couses stated
S.E.		22b. SIGNATURE	dia no	it view the body	offer deoffi.		DEGREE			22c. DATE SIGNED
EA		Anna) 1	wan	nuclin	mellerah	,	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN D	7/5/87
S S Z		22d. PHYSICIAN'S N			" radge		22e. ADDRESS	J DIRECTOR   TITISIC	INIT S	1/3/1/
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5 5		URIAL, CREMATION,					EMETERY OR CREMATORY	23d LOCATION		TORE SIZ
		Buria			. 1987 St	onewa	11 Memory			11iam, VA.
60M 7/84	24 Fy	NERAL DIRECTOR	1 ,	/ 4	Le	e <sub>2</sub> Fup	eral Home 250 DATE	REC'D. BY REGISTRAR	25b REGISTRAF	S SIGNATURE
60M 7/84 15, 4)	N	an el	17	21	ADDRESS O.	222 2	udley Rd.	1 0 1987	Julia De	iden Budall

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8

7	87-	FOR STATE REGISTRAR			DEPAR		EALTH AND MI	.0 00	/	REG. NO.	0 !	0	5
		CEASED NAME OR PRINT)	LETHA	A	L.	t.	SEALS		20. DATE OF E		DAY DAY	YEAR	3:50pm <sub>M</sub>
	3 SEX	emale	(	4 RACE Caucasi	an	5. DATE C	3 I -I '9 2	6 YEAR	6. AGE (INYEA	I yr		INDER 1 YEAR	HOURS MIN.
5	7a BIF	RTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN OF		MARRIE	D NEVER MA		9 BALTIMOR	E CITY OR			
1	io cii	altimo	re	11. NAME OF P	HOSPITAL, NURS	setatores Ke	R OTHER INSTIT	Cen.	12a USUAL O (TYPE OF WORK) Homen	CCUPATION	1	-	
	130 S M	d.	136 COUL	OTHER INSTITUTION	Barti		-		13. STREET AL	odress/z	le Av	enue	21205
		illiam		"Owens	LAST		Nan		ne 11iams	MIDDLE		LA	ST
		VAS DECEASED I LES, NO OR UNKNOW		MED FORCES?	166 SOCIAL SE 2 I 6 - 24		17 INFORMAN Letha		ert 8	ADDRESS 350	Edged	la1e	21234 Road
	z		immediate stating the cause last.	(b)	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	QUENCE OF	Mello NOT RELATED T	O THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN	IN PART 1	ra
7	CERTIFICATION	190 DATE OF OI	PERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	200 AUTOI		NOB. IF YES, W N CERTIFYIN YES [	G CAUSES	INGS USED S OF DEATH?
7	MEDICAL CER	21d. INJURY OC	CAUSE OF DE	P. P. PLACE	M. MONTH M.	DAY YEAR 19 CE, FARM ETC)	21c. HOW INJ		RED (ENTER NATI	CITY OR TOWN		ORPART 2)	STATE
		220 I certify the saw the deabave, (1) (1) 22b. SIGNATUR	eceased alive ar we) (did) (did no E	ital) attended the	-d6 19	<u> 37.</u> , ar			, tadeath accurred				that (I) (we) last e causes stated E SIGNED
		HOTOR	H-	adon	ez Sm	th M	220 ADDRESS	OLE.	Mono	nau	AST	£ . à	21205
	1	SURIAL, CREMAT SPECIFY) Urial	ION, REMOVAI	7 - 2 I			emetery or cr Park		23d LOCAT	lto.,	Md.	OUNTY	STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

IMPORTANT: If Item 21

retained by the haspital ar

BP.

TO HOSPITAL

(VRA 15, 4)

7 - 2I - 87Schamunek Funeral Home, Lnc. 3331 Brehms Lane, Balto., Md

21213

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
JUL 24 1987 Julia Dividion ? Dividson Pandae

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	er file - v		S I -YJ-Y	2.7

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH &

2 REG. N	0	1	O	4
FDEATH	MONTH	DAY	YEAR	26 HOUR
15	18-	7		19

		REGISTRAR			CERTIF	CATE OF DEATH	REG.	NO.	1-10 (1-10)(1-10 (1-10 (1-10 (1-10 (1-10 (1-10)(1-10)(1-10 (1-10)(	
6 0 3 4 9 JUL 2	.07	PEASED NAME FIRST	A	MIDDLE	CEI	KULOW	20 DATE OF DEATH	187	YEAR 26 HOUR	) N
ge 4 may	3. SE	EMALE	1 RACE Wh	ite	5. DATE C		6. AGE (IN YEARS LAST		FUNDER I YEAR IF UNDER 4 HOURS M	RS IN.
eath. Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	7? 8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY		City	ME
s offer d	10. C	Baltimere		HOSPITAL, NURS	ING HOME C	ROTHER INSTITUTION	12a USUAL OCCUP, (TYPE OF WORK FOR MO! HOUSEWII		126 KIND OF BUSINESS INDUSTRY AT HOME	OR
filled in oould be filled in		AL RESIDENCE (IF NURSING HOME O STATE 13b COU		130 CYTY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE	APT.104 #212	20
MARYLA ed withir ond 2 sh	14. F.A	THER'S NAME FIRST  ABRAHAM	MIDDLE	LAST HURWITZ		15. MOTHER'S MAIDEN N	A	UN	IKNOWN AS1	
on and constant of the second		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	216-28		3407 MIDFI	ELD RD. BA	ALTO., M		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician.  When this certificate has been signed to the attending physician and fampletely filled in by as the burial-transit permit. Then price immove carbon papers. Pages I and 2 should be fill the and Mental Hygene prior to burial cremanol.  In and Mental Hygene prior to burial cremanology for remanol.  Orked or from 18 shows any injury, or other informatic event, the medical examiner must be in	>	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS) IMMEDIA Conditions, if ony, which	ED BY: TE CAUSE (a)	OR AS A CONSEC	mati	on of Sec	retions		APPROXIMATE INTERVAL BETWEEN OMSET AND DEA	IH.
s that the disconnection of control of contr		gave rise to immediate cause (a), stating the underlying cause last.	(c)	OR AS A CONSEG	UENCE OF		CALS			
ORDS, ? require een sign it. Then j it. Then j y injury,	TION	PART 2 OTHER SIGNIFICANT	501501			N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED	
The law cian. Sit perm giene pr	CERTIFICATION		"		-H OFERATIO		YES NO	IN CERTIFY YES	ING CAUSES OF DEATH?	
VOF VIII	R .	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF II	JURY IN ITEM IB PAI	RT   OR PART 2)	
NG PHY: offer this firer this sos the but h and M h and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC	E. FARM ETC )	211 LOCATION STREET	CITY OF	10WN	COUNTY STATE	
ATTENDII Spital or CTOR: A I for use . of Heali		220.1 certify that (1) (this hasp saw the deceased dive a	7/	19 19	\$7.00	nd that in (my) (aur) apinion	7 , to	date and havr		
TAL OR y the ho RAL DIRE. detoched ate Dept IT: If then		PA SIGNATURE BL	eno			ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN V	7/15	2
HOSPIT oined by D FUNER ould be of the Str		THE PHYSICIAN SINGLE INF	F B	Letna	gar	22e ADDRESS SINAI H	OSP BALT	10., MD	21215	
5 € 5 € 3 ₹	23n	BURIAL CREMATION REMOVA	1 23h DATE	73	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

BP\_

DHMH - 16 60M 7/84 (VRA 15, 4)

REMOVAL/BURIAL

JULY 17,1987 MOUNT LEBANON

ISELIN

NEW JERSEY

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO . MD 6010 REISTERSTOWN RD.

21215

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Julia Divideon Radas

BP

DHMH - 16 60M 7 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, arother traumatic areas.

061088

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	9 8	FOR STATE EGISTRAR		DEPARTM		EALTH AND MENTAL HYG		20	10	5
1		CEASED NAME FIRST		WIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	,	JOSEPH		S	ERGE	NT	JULY 24	, 1987		11:300m
	3.583		4. RACE		5. DATE C		6. AGE (IN YEARS LAS		ONTHS DAYS	HOURS MIN.
	/	Male	Whit	e	Sept	. 1, DAY 1911 YEAR	76	YRS	ONIAS DATS	HOURS MIN.
1	- 5	RTHPLACE (STATE OR FOREIGN (COUNTRY) entucky	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CIT			MD.
6		TY OR TOWN OF DEATH  1timore		HOSPITAL, NURSIN		DR OTHER INSTITUTION	Salesman	ATION OST OF WORKING LIFE	126 KIND O	F BUSINESS OR mobile
5	13a S	AL RESIDENCE IN NURSING HOME OR ITATE 136 COUNTY Balti	otherinstitution TY More	GIVE RESIDENCE BEFORE	admission)	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRES	ss / zip code f St. 2]	1221	
2	14 FA		AIDDLE Se	ergent		15. MOTHER'S MAIDEN NA/ FIRST  Drus	iller	Craft	LAS	T
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		DRESS		
L	10	NO (IF YES GIVE	WAK OR DATES)	233 22 8	393	Nannie Alice	Sergent,	Wife	Same	
	No	Conditions, if any, which gove rise to immediate cause (o1, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	$ \begin{cases}     \text{DUE TO, C} \\     \text{(b)} \underline{\underline{I}} \\     \text{DUE TO, C} \\     \text{(c)} \underline{\underline{I}} \end{cases} $	PRAS A CONSEQUE PSEUDOMO OR AS A CONSEQUE LYMPHOP.RO	NAS I	E SEPSIS  PNUEMONIA  ERATIVE DISC NOT RELATED TO THE TERM		ondition give	N IN PART 1:0	1
1	CERTIFICATION	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	( AT HOME ST	OF INJURY REET FACTORY, OFFICE, F		211 LOCATION STREET		PTOWN	COUNTY	STATE /
		22a.1 certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did na	OOTI	24 19		24 , 19 87 and that in (my) (aur) apinian	, toY death accurred an th	24	and fram the	
		22b. SIGNATURE	W			DEGREE ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN _	22c. DATE	SIGNED
		CHANDRA	P. BE	CAN,		220 ADDRESS CHURCH	HOSPITA	+L, BA	+L71m0	RE MD.
/	231. 1	AURIAL CREMATION REMOVAL	11/28	/87 Ne	NAME OF C		PK. CITHOWS			STATE
	A	izdzinski Funera	1 Nomes	FA 1407	Id Ea	astern Ave	E REC'D, BY REGISTE	RAR 256 REGISTE	PAR'S SIGNAT	URE

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astern Ave.		rol I o	mus b	an able	3

page

STATE OF MARYLAND HYGIENE

DEP	ART	MENT	OF	HEA	LTH	AND	MENTA	L
		CEI	DTI	CIC	ATE	OF	DEATH	

BT REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 2h MOUR (TYPE OR PRINT) 7/23/87 11:20 A. Edna Sewell 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 8/25/16 Female Black 70 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary land Baltimore, Coty IISA WIDOWED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (Home) 2000 Odell Ave. Apt. 622 Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2000 Odell Ave. Apt. Md. Baltimore YES NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Queen Bessie Oueen George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Evelyn N. Hale 2607 Llewelyn Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF CAL VAGINAL CANCER Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from\_ \_. 19\_ saw the deceased alive on \_\_\_\_\_\_obove, (I) (we) (did) (did not) view the body after death \_, and that in (my) (our) opinion death accurred on the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CURRIE 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Buria1 Catonsville 7/28/87 Md. Westview Mem. Pk. 24 FUNERAL DIRECTOR

(VRA 15, 4)

DHMH - 16 60M 7/B4

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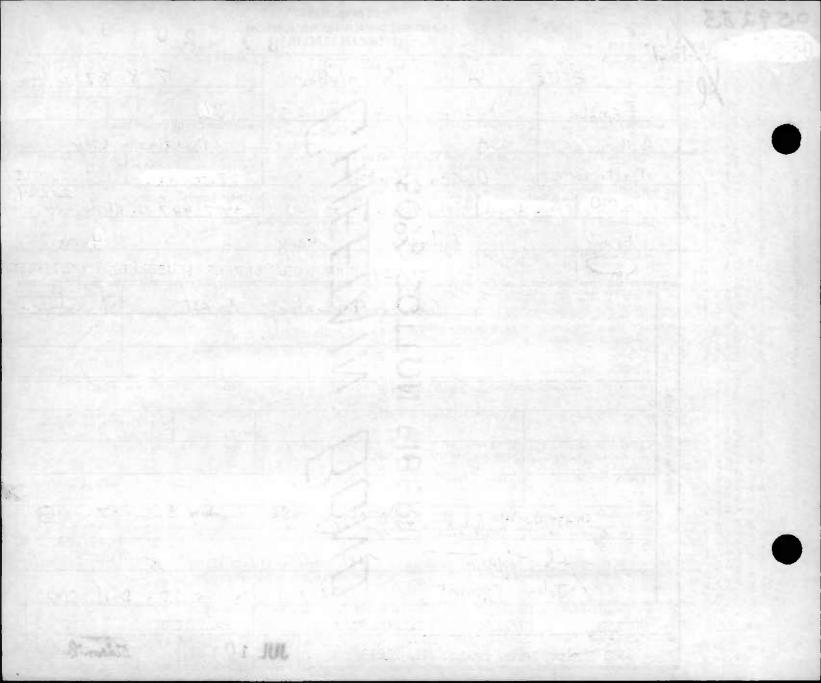
Chas. A. Rice FSPA 1300 Eutaw P1.

BY SECTISTRAR 286 REGISTRAR'S SIGNATURE

And the second of the second o

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.
	PITAL C
	) HOS
	D =

05	9283		FOR • STATE REGISTRAR	DEP/	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	GIENE 20	107
	the page 3		CEASED NAME FIRST CORPRINT)	IE AA.	SHAMLE S. DATE O	inleffer	20 DATE OF DEATH MONTH  7  6. AGE (INYEARS LAST BIRTHOAY)  82  YRS	PAY YEAR 20. HOURS AMM
•	fier death. Pag the funeral difficient in within 72 light		RTHPLACE (STATE OF FOREIGN COUNTRY)  Sultings  ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNT  11. NAME OF HOSPITAL, NU	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN  Notine  12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
MARYLAND 21201	rhin 24 hours offer rely filled in by the filled with 2 should be filled with iner must be anothled		Galtimore AL RESIDENCE (IF NURSING HOME OF STATE MD.  ATHER'S NAME	R OTHER INSTITUTION, GIVE RESIDENCE BY NTY 13c. CITY OR	Sout EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES P NO 1	CLERK  13e.STREET ADDRESS / ZIP CO	BALTO. CITY
BALTIMORE, MAR	be executed with		PRST PAUK  VAS DECEASED EVER IN U.S. AF YES, NOOR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SIVE WAR OR DATES) 214-0	154y SECURITY NO. 3-5426	Many 17 INFORMANT EDGAR SHAM	MIDDLE ADDRESS	
201 W. PRESTON ST.,	quires that the death certificate signed by the alterdand physic hen please remove carbonapape to buriol, gremation, ar removal. njury, ar other troumotic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)	QUENCE OF	Respiratory  NOT RELATED TO THE TERM	Aurest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  FOR THE PROXIMATE INTERVAL  BETWEEN ON SET AND DEATH  BETWEEN ON SET AND DEATH  BETWEEN ON SET AND DEATH  BETWEEN ON SET AND DEATH
DIVISION OF VITAL RECORDS,	SICIAN: The low reng physician. Certificate has been priorial-transit permit. It ento Hygiene prior them 18 shows only in	CAL CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	A111	DAY YEAR		IN CER	RES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO 8 PART L OR PART 2)
DIVISION	OSPITAL OR ATTENDING PHY: ed by the hospital or attendit UNERAL DIRECTOR: After this d be detached for use as the bu he Store Dept of Health and M RTANT: If them 21 is marked ar	MEDICAL	226. SIGNATURE	ot) view the body offer death.	9.87, on	egree  ATTENDING PHYSICIAN  22e ADDRESS	deoth accurred on the date and h	. 19 that (I) we lost our and from the couses stated
	should with the MPO	23a	BURIAL, CREMATION, REMOVAL	Tygant 1 236. DATE	23c NAME OF CE	METERY OR CREMATORY	Harever St.	Sall, MB
	BP	24 F	BURTAL JUNERASO RECEIVED UNEK 1 3331 Brehms	7/11/87 FUNERAL HOME IN Lane, Balto.		25a_DAT	BALTIMORE  E REC'D. BY REGISTBAR 256. BEGI	STRARY SIGNATURE



filled in by the funeral directar, page 3 buld be filed within 72 hours after death

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use to the burious frontial permit with the State Days of Health and Awarmal trygene prior (MPORTANT If them 21 is marked or them 18 states any in

ATTENDING PHYSICIAN, The

TO HOSPITAL

BP\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4)

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,	71 -	FOR - STATE REGISTRAR	DEPARTA		EALTH AND MENTA		ENE 9 0	108		
	1 DE	CEASED NAME FIRST	WIDDLE		AST TEN	Ö	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
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						35		M La		
	3. SE)		4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.		
		Female	White	11.	26 189		94 YRS			
partie.	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		_	9 BALTIMORE CITY OR COUN			
1	-Mi	ssouri	U. S. A.	MARRIE	D NEVER MARRIE		Baltimore Ci	tv.		
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	,			12a USUAL OCCUPATION	MD.		
	I	Baltimore	Villa St. Mich	aels	Nursing Ce		171-05 05 11-08-1 00B 11-057 05 11-08-11-15	INDUSTRY Real Estate		
1	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	A 124 INICIDE CITY I IA	ITCO 1	12. CIDEEL ADDRESS	21215		
Jan .	Ma	ryland	Baltimon	re	YES A NO	]	13e STREET ADDRESS 4800	Seton Drive		
	14_FA	Oliver	MIDDLE	2-77	15 MOTHER'S MAID			LASI		
A			-4	pbell		ovel		Bogges		
all all	16a V	VAS DECEASED EVER IN U.S. AR	E WAP OR DATEST		17. INFORMANT			nonium, MD.		
1		No	494-40-6	530	Thaddeus	н.	Gilbert 122Eas	tPadonia Road		
н		18 CAUSE OF DEATH (Enter on	ly one cause per line far (a), (b), and	d (c)		- 14		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSE	D BY:	- 17	YOCAR	111	AL INFAR	C   BETWEEN ONSE! AND DEATH		
		IMMEDIAT	TE CAUSE (a)	111	1					
Ж		DUE TO, OR AS A/CONSEQUENCE OF  Canditions, if any, which ( )								
40		Canditions, if any, which gave rise to immediate	(b) 1300	Y						
		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
		underlying cause last	(c) > (C)	11	9					
4		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	E TERMI	NAL DISEASE OR CONDITION C	GIVEN IN PART ITO		
Н	o l	CBS. D	JD, CHRO	NIC	uTI.					
2	TAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED		
4	Ĕ							TIFYING CAUSES OF DEATH?		
30	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		121c HOW INJURY C	CCURRI	ED (ENTER NATURE OF INJURY IN ITEM I			
4		OR CONTRIBUTING CAUSE OF DEA		YEAR			TENTER MATORE OF MOORE OF MERIT	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	211 10547/01					
4	ME		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY STATE		
н		AT WORK AT WORK		1	120 C L 1		7			
		220 I certify that (I) (this hospit	tol) ottended the deceased from	21	19 19	8/	_, to	, 1987, that (I) (we) lost		
	K	saw the deceased alive on obave, (I) (we) (did) (did not	1) view the hody after death	, ar	nd that in (my) (aur) o	pinion d	eath occurred an the date and h	our and from the causes stoted		
		771 SHOWATURE	The state of the s	,	DEGREE			22¢ DATE SIGNED		
		A Sur	igue,	M	ATTEND PHYSIC	ING IAN	MEDICAL STAFF DIRECTOR PHYSICIAN			
Г		PHYSICIAN'S NAME (TYPE OF	R PRINT)	-	22e ADDRESS			0 F A-1F		
	1.8	A.C. EN	Mane, M	. 7.	2435	W	BELVEDE	ILL MIE		
-	72 - D	HIDIAL CREMATION PENGIN	Tool DATE 122 .	LAAAE OF O	EMETERY CO. CO.	.00:	Tan LOCATION	2/1/3		
	230. B	SPECIFY)			EMETERY OR CREMAT		23d LOCATION CITY OR TOWN	COUNTY STATE		
	24.5	Burial	7-11-87 Fo	rest	Hill Ceme			Jackson, Missour		
	24 FL	JNERAL DIRECTOR	ADDRESS			So. DATE	RECOD. BY REGISTRAR 256. DEG	STRAR'S SIGNATURE		
	P	Maržullo Funera	1 Service	Upper	co,MD.	JU	1 5 1987 Stule	or brought . Longers).		

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	SHEA		7	20 DATE	OF DËATH	MONTH 07	21	87	26. HOU	45 M
	5. DATE C	il 20,	1908		N YEARS LAST B	IRTHDAY)	MON	INDER I YEAR	HOURS	MIN,
COUNTRY?	MARRIEI WIDOWE	D NEVER M.	ARRIED		ore city					MD.
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TY OR TOWN		13d INSIDE CIT	Y LIMITS?	13. STREE	T ADDRESS Lee	Br.	ODE	- 21	228	
1.057		15. MOTHER'S	MAIDENNAM	WE						

dia Devider Randallo

FOR - STATE REGISTRAR ERMA FASED NAME ERMA 3. SEX 4. RACE Female White TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT Bowie. Md. IN CITY OR TOWN OF DEATH NAME OF HOSPI Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RE Baltimore Md. 4. FATHER'S NAME William Catherine Seitz Heer 17 INFORMAN ISS Janet OpresShears -Daughter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 217-48-9750301 Lee Drive-Catonsville, Md. 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) AT WORK AT WORK 220.1 certify that W (this hospital) ottended the deceased from sow the deceased olive an 19. FUNERAL DIRECTOR sow the deceased olive an 300 above, (M (we) (did) (did not) view the body after death. and that in (my) (Aug.) opinian death occurred an the date and haur and fram the couses stated 27b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) the the etoined RAMESH SHANTI 230 BURIAL, CREMATION, REMOVAL Loudon Park Cemetery-Baltimore, Maryland

736 "Edmondson Ave.; Caton Wille, Md. 21228 JUL 22

24 FUNERAL DIRECTOR Sterling Funeral

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE

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DHMH - 16 60M 7/84

(VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY velture Trans Executi 13 STREET ADDRESS / ZIP CODE S, Hanover MIDDLE Elizabeth Schultz ADDRESS Mrs.Rose Shifield, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH to admissu 7mos RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IN CERTIFYING CAUSES OF DEATH? NOF YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE our) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Crownsville, Md STATE (SPECIFY) Buria Crownsville Vet 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Home.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTH

26 HOUR

DAYS

IF UNDER 24 HRS

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	1		211	ATE OF MARYLAND		
0700 00	1.1	FOR - STATE		HEALTH AND MENTAL HYD	2	0 1 1 2
37 88 31	- 11	REGISTRAR		IFICATE OF DEATH	REG: NO	0 1 1 24
oy be		PE OR PRINT) VIRG	INIA L. SH	EHAN	20 DATE OF DEATH	7 14 87 81 MM
E 0	3. 9	EX	4. RACE 5. DATI	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
recto		F	Black A	19.17,1928	58	YRS. MONTHS DAYS HOURS MIN.
erol di 72 ho	14	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARK	NEVER MARRIED DIVORCED	BALTIMO	RE CITY MD.
ne fune within	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
by the	16	ALTIMORE CITY	LIBERTY MEDI	CAL CENTER	The or work for most or v	TORRING (NE) INDOSTRI
filled in ould be must be	130	UAL RESIDENCE (IF NURSING HOME OR . STATE 13b. COUN		13d INSIDE CITY LIMITS?	13 STREET ADDRESS //2	FFON Ave. 21216
shir shir	14	FATHER'S NAME	MIDDE LAST	15 MOTHER'S MAIDEN NA	ME MADIA	LAST
omplet ond ond		Kobe	rt Jones	545	sie Mo	irtin
n ond c	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES?  THE SOCIAL SECURITY NO  E WAR OR DATES)  212-22-63	17. INFORMANT	Shehan	2831 Clifton Au
g physicio an popers. removal.		PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c), (b) BY: E CAUSE (a) CAN ALEPU	lynnay	assest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e deoth		Conditions, if ony, which gave rise to immediate	(b) Mraer	amay B	ceeding	
t t t t t t t t t t t t t t t t t t t		cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	tension, L	Diabetos H	alliles.
n signe Themal	NO		ONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
he low re ion. hos beer t permit. tene prior	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		NO. 1F YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
N. Thysicic rousit Hygie	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	
ding physici ding physici ss certificate buriol-fronsi Mentol Hygi	7 3	OR CONTRIBUTING CAUSE OF DEA				
offending offending set this of the but would Me the dor I have don't have do	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDIN ol or Use o Heolth			al) attended the deceased from	14-87,19 8	7.10 7-10	19 E that (1) (we) last
ATTE ospital ECTC d for it. of m 21		sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	view the body after death.	ond that in (my) (aur) opinion  DEGREE	death accurred on the date	and haur and from the causes stated
Y the h XAL DIR detache fore Dep		Sher of	Hashmi 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 1-14-87
HOSPI bined b FUNE ould be th the Si		SHER A H	ASHM'	2600 Lif	ERTY HEIG	BHTS AVE BALTIMOFI
Bb	230	BURIAL REMATION, REMOVAL	23b. DATE 7/18/87 23c NAME OF	DUTUS	23d LOGOION DORTOWN	STATE STATE
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	ADDRESS	250 ; DA1	TE REC'D. BY REGISTRAR 25	NEGISTRAR'S SIGNATURE
(VRA 15, 4)		Jordan D- There's	on. T-H. 7600 Yellast	TO BUCKER IS	- 10 1901	wha Devideon-Kandalla

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

8 ATE		DEPARTA		ICATE OF D		GIENE  REG 20. 0	1 1	3
	FWTON	7 S	SHEK	ERJI	AN	20 DATE OF DEATH MONTH.	DAY YEAR 30 87	3:30 PM
3. SEX	4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	e	OP	02	02	84 YRS.	MOITING DATE	NOOKS MIN.
76. BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	APPIED T	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
N.J.	U.S.	A.	WIDOWE		ORCED	Balto. City		MD.
Balto.	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET Samarita	ADDRESS)		ITUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Ret. Refinisher	IFE) INDUSTRY	of BUSINESS OR
USUAL RESIDENCE (IF NURSING 130. STATE Md.	BHOME OR OTHER INSTITUTION.  B. COUNTY	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Balto.	N	13d. INSIDE C	TY LIMITS?	13e.STREET ADDRESS / ZIP COD 5805 Willowton		21239
14 FATHER'S NAME	WIDDIE	LAST	17.5	15. MOTHER'S	MAIDEN NA	MIDDLE	LAS	
Joseph	Sh	ekerjian		Mary			mown	
160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRESS		
No	in rest, once was on pares,	255-36-9	323	Phy1]	is A.	Shekerjian, Same	as 13e	
PART I. DEATH WAS	Enter only one cause per CAUSED BY: MEDIATE CAUSE (a)	line for (a), (b), one	ATIO			ONIA	APPROX	ONSET AND DEATH
Canditions, if ony, v	which (b)	R AS A CONSEQUE	NCE OF	BRAIN	JTU	NOR	5	Mouths

PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ASPIRATION	PNEUMONIA	36 hours
Canditions, if ony, which gave rise to immediate	OR AS A CONSEQUENCE OF	RAIN TUMOR	5 Mouth

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	20a AUT		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES [	NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	216 HOW INJURY OCCURRE	D (ENTER N	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	12)

P.M 21e PLACE OF INJURY

211 LOCATION

220.1 certify that (1) (this hospital) attended the deceased from 19. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceosed alive an abave, (I) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED

MEDICAL ATTENDING PHYSICIAN STAFF DIRECTOR PHYSICIAN 22e. ADDRESS

7130187

STATE

ISSA

Burial

LACHLAN CIRCLE

CITY OR TOWN

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Moreland Balto., Md.

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Haaford Rd.

8-3-87

250. DATE REC'D, BY REGISTRAR 250, REGISTRAP'S SIGNAT

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		THE REAL PROPERTY.	
Edward Edward . when	but but	10100 TE-5-8	Direct
AND 18 10 18 10 18 10		der., TAT Harvard d	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	0	1	
	0	1	
REG. NO.	242		

1	REGISTRAR		CERTIFICA	AIE OF DEATH	REG. N	O.	į
(TYPE	CEASED NAME FIRST FOR PRINT) ROBERT		SHEWBRIDGE	SR.	2a DATE OF DEATH	7/30/87	145 pm
3. SEX	MALE	WHITE	5. DATE OF B	5/4927 YEAR	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEA  MONTHS DAY  YRS.	
	MARYLAND	U.SA-	MARRIED L WIDOWED		BALTO.	OR COUNTY OF DEATH	MD.
1	BALTINORE	ST AG	NES HOS	SPITAL	170 USUAL OCCUPAT	ION DE WORKING LIFE) INDUSTR	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR O		ALTO,	INSIDE CITY LIMITS?	3615 4	ZIP CODE.	1255
0	ELMER	DDIE	USWORTA	MOTHER'S MAIDEN N	ELIZA	BETH A	PRE
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES GIVE	ED FORCES? III SO WAR OF DATES!	CIAL SECURITY NO 17	INFORMANT  SHET SH	ENBRIDGE	BALTO 2	11255
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	ORONAR	THROM	Bosis	APPRO BETWEE	NONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	ONSEQUENCE OF	ATHEROS	CLEROSIS		
NO	PART 2 OTHER SIGNIFICANT CO	PNEUMON		OT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	lio
CERTIFICATION	19a DATE OF OPERATION		OR WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	HOUR A.M. MO	ONTH DAY YEAR	I. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	1 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	22a I certify that (H-(this hospital sow the deceased alive on above, (I) (well (did) (did and))	July 31	2 1987 and t	7 29 , 19 8 hot in (my) (exc) opinio	n deoth occurred on the de	30 19 \$7 ote and hour and from th	that 🛵 (we) lost ne couses stated
	276 SIGNATURE Best	4 mm	or m.	O - ATTENDING PHYSICIAN	MEDICAL STA	FF _ ¬	30/87
	22d PHYSICIAN'S NAME (TYPEOR) BERT	F. Mc	NTON 12	St. Ag	nes Hos	sotal	
	BURIAL, CREMATION, REMOVAL	236 DATE 8-3-87	23c NAME OF CEM		23d. LOCATION CITY OF TOWN BUR	NIE A COUNTY	SINTE

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

injury, or other troumotic event

IMPORTANT: If them 21 is morked or them 18 shows ony

MCCULLY FUNERAL HOME

24/ IR/05/L CANTONNE OF Y THE STATE OF THE STATE OF CHILDWISE STEVENSOR OF THE STEEL STEEL BONDE CHANGE CHE YOUR CHANGE CONTRACTOR STATES THE THE TOTAL SECTION OF THE THE TOTAL

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DADTMEN		-	14		13			P		

061560 AUG-		FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE  REG. NO	2 0	1 1	5
3 31 x6		CEASED NAME FIRST OR PRINT) MARGA	RET	M.		AST HIMEK	20. DATE OF DEATH	MONTH DAY	87	845 PT
ge 4 ma	3.5E)	FEMALE	4. RACE WH	ITE	5. DATE C		6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS HOURS MIN.
1 10 86	(	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
8 56 82	4 4	Maryland MO	U.S.		WIDOWE	D DIVORCED	BALT		TY	ME
To the state of th		Saltimore 0		CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OFFICE WORLD	F WORKING LIFE)	126 KIND OF INDUSTRY A & P	
BALTIMORE, MARYLAND 2120' cote be executed within 24 hours spicion and completely filled in by open. Pages, 2 and 2 should helf-life oil. ii. He predictle exhibite execute Ac-	Ma 5			13c CITY OR TOW Catonsy	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 228 E . Med	ZIP.CODE	arth,	21228
MARYL ond with	1	G George:	MIDDLE J	Shime		Antoinette	MIDDLE	D	A Dub	cak
ORE,		AS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDRE		Canth	21220
TIM A B B B B B B B B B B B B B B B B B B		NQ o		<u> </u>		6 Dorothy Koh	nier 235 W. I	Medwick		
4 498 4		8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	CARDIA	C FI	AILURE		216	BETWEEN ON	ATE INTERVAL ISET AND DEATH
STO		Canditians, if any, which	DUE TO, C	OVARIA		CANCER			lyr	^
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The law requires that the death cert after the certificate has been signing by the viteriang on the burnel frame. Then please region corbin th and Mental Highers propriate from the corbin th and mental Highers propriate other trainmatic.		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQU					3	
RDS, 20 equires to b first rejury to	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONI	DITION GIVEN	IN PART 11a	
AL RECO	2	190 DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
OF VIII.  CLAN T  CLAN T  S physics  mid-trans  mid-tys  T   S ap	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A	OF INJURY I.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	1 OR PART 2)	
IVISION  See Provide the control of	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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At OR A the host at DiREC terroched se Dept. T. If them		22b. SIGNATURE	0	the woll	, ,	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAR ☐ DIRECTOR ☐ PHYSIC		7/29	GNED /27
O HOSPIE retriend by TO FUNER Abadid by WPORTAN		TOBY R	DR PRINT)	FF ()		UNIVERSITE			PITAL	
0 t 0 t g		URIAL, CREMATION, REMOVAL	23b. DATE	23c. I		EMETERY OR CREMATORY	23d LOCATION			2 STATE
88		Durial	0/1/0	7   D	shomi a	n Natl Com	Baffimore		OUNTY Mar	VIATO

Bohemian Natl. Cem.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4707 Wilkens Ave.

8/1/87

Burial

Baltimore COUNTY Maryland

## STATE OF MARYLAND

1 1	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	SIENE 8 REG. NO.	2 0 1	16
		CEASED NAME FIRS	Т	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
			rgaret	Frances		hockley		13 87	
	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	R IF UNDER 24 HRS S HOURS MIN.
		emale	Whi			23, 1913 YEAR		RS.	
2 Ege		IRTHPLACE (STATE OR FOREIG COUNTRY) Rryland		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore Baltimore		M
P   600	Ra	Itimore City	The IIn	ion Memor	ADDRESS)	ospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI) Homemaker	NG LIFE) INDUSTR	OF BUSINESS OF Home
3	13a. Ma	AL RESIDENCE (IF NURSING HOSTATE 13b. (Bryland B	me or other institution COUNTY altimore	13c. CITY OR TOW TOWSON	re admission) VN	13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / ZIP C 947 Fairmou	ont Ave.	21204
Scoming (	14. F/	Robert	MIDDLE	Clair	e	IS. MOTHER'S MAIDEN NA FIRST Unknown	ME	Unkno	last D <b>wn</b>
dicol	160	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES!	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
E	No	)	to, one wan on outes,	217-05-0	0546	William R. S	Shockley - same	as #13e	9
ent, the		18 CAUSE OF DEATH (En	ter only one couse pe AUSED BY: EDIATE CAUSE (a)	r line for (a), (b), on	nd (c).)	urdiac Arrest		BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
njury, ar other traum	NO	Conditions, if any, whis gove rise to immedio cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICATION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	DUE TO, C		50	JENTYICULAY TO LUCKE SCHEMIC NOT RELATED TO THE TERM	I GIVEN IN PART	WKS	
ows ony ir	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF	F YES, WERE FINE ERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEN	n 18 PART I OR PART 2	
morkedor	MEDICAL	21d INJURY OCCURRED  WHILE ON WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
.40		220.1 certify that (P) this saw the deceased all above, (I) (ive) (did) (c	ve on	5 19			death occurred on the date and	hour and fram th	
IT: If Iten		226. SIGNATURE JOSEPH C	Reduce	IM OS		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	,   -	TE SIGNED
IMPORTANT: If Item 21		Joseph L.	Raduazzo,	M.D.		The Union Me	emorial Hospita	1	
≤	Bu	BURIAL, CREMATION, REMO PERIOR	23b. DATE 7-16-	87 Dt	ulaney	EMETERY OR CREMATORY Valley	Cockeysville	, Balto.	, Md.
7/B4		uneral director ck Towson Fur	neral Home				L 15 1987 Julia	GISTRAR'S SIGN.	Δ.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please, remove carban papers. Pages with the State Dept. of Heolth and Mental Hygiene priar to burial, crematan, or removal.

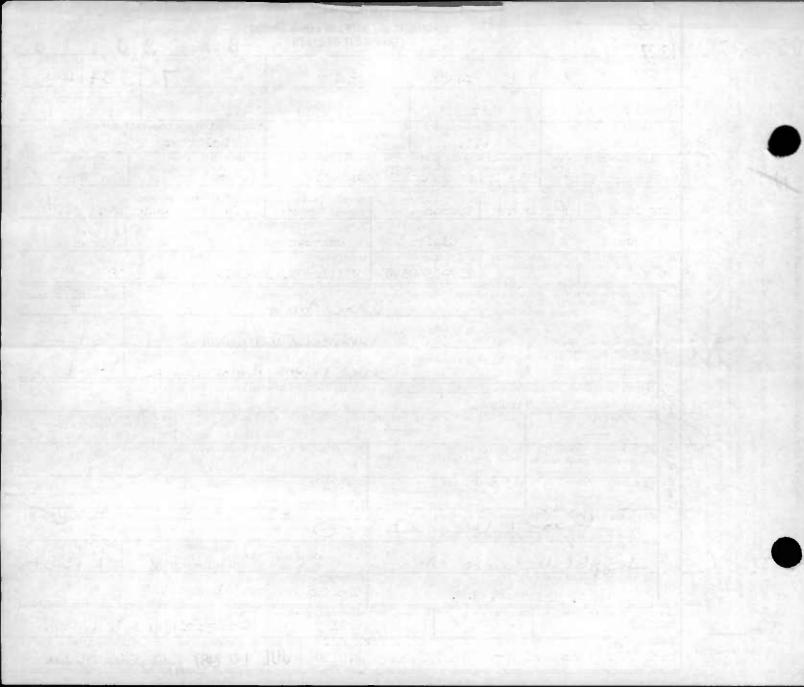
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

37 J

ampletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

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executed



0607	26 10	27.	87R REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE REC'NO.	11/
y be	Good Stock		CEASED NAME FIRST MORI	MIDDLE	SHOR	20 DATE OF DEATH MONTH	21 87 5:25 M
oge 4 mp	ers ofter p	3. SE	~ ALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1/ 22 19	6. AGE (IN YEARS LAST BIRTHDAY)	
Geoth. P	133		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUN	OF BALTIMORE
201 rs ofter	by the t	10. C	BALT	(IF NOT IN SUCH FACILITY, GIVE STREET, 4112 KENSHAW A	ADDRESS)	120. USUAL OCCUPATION (TYPE AT UTER) OR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY AUTO REPAIR
4ND 213	oold be		AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		130 STREET ADDRESS / ZIP CO	· 4/ /0 2121E
MARYL ed within	1800	14. F/	Benjamin	MIDDLE Shor	15. MOTHER'S MAIDEN NA	WE	Ca to 15
BALTIMORE, MARYLAN	Foges medical		VAS DEGEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SECU IVE YAS S DAYES) 1947 - 11194 214 - 14	RITYNO 17. INFORMANT JOAN	SHOR 4112 RENS	HAW AVE. (21215) XXXXXXXXXXXXXXXX
ST., BALT	physicia on acapen emoval.		PART I. DEATH WAS CAUS	ATE CAUSE (a)	rolong HAIL	VNE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON death or	ope corb fron. or numaric		Canditions, if ony, which	DUE TO, OR AS A CONSEQUE		reame	
that the	4 10	1	gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF C	ARCINOM	9
MRDS, 20	The plant	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition (	GIVEN IN PART Trai
At RECO	r permit	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	operation was performed		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
IOF VIT	moltrom moltrom		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM	B PART I ORPART ?)
IVISION 4G PHYS	ter the burner of the burner o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDING OF	CTOR. A for uttra of Health	9	saw the deceased alive a	oital) attended the deceased fram_ n19 attiview the bady after death.	, and that in (my) (aur) apinion	death accurred an the date and h	, 19 that (1) (we) lost naur and fram the causes stated
	At DRE detoched ate Dept 41. if her		John SIGNATURE AC	Zemply	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
HOSFII A	Sold by A the St		JOHN A	ORPRING TO COVING TO	220 ARN	very PLACE	BALT

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

230. DATE 230. NAME OF CEM BURIAL, CREMATION, REMOVAL 235. DATE 230. NAME OF CEM BURIAL 7/23/87 BETH ET. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

23c. NAME OF CEMETERY OR CREMATORY

MD

MEMORIAL PARK RANDALLSTOWN BALTO

060726 JUL 2787 The same of the sa JOHN A COUNTY OF SEP BENEROY FLORES BEFEL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERT 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-TRISHA KATHI EEN DEATH MATED SHORE 20 1987 4 RACE IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE MONTH DAY LAST BIRTHDAY) 6:25 M NOUNCED Female White 12 86 DEAD 20 1987 Aug. 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED . DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore St. Agnes Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 209 S. Stricker Street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST I. Shore, Sr. Robert Theresa E. Thompson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Robert I. Shore, Sr., 209 S. Stricker St. 215-13-4927 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARBED TO THE CHI AGE 3 SHOULD BE UT ATE DEPARTMENT O YES X NO 🗌 218 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY JATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR LOWN STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTON: PAFTER DEATH, WITH THE ST BAJEMORE, MARYLAND, 2 228. I certify that I taok tharge of the remains described above, held an Autopsy Inspection ond in my opinion deoth resulted from: Hamicide Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL 7-21-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

07/84 BP

**DHMH - 17** (VR A15 ME (5))

7/23/87 Burial

Cedar Hill Cemetery

Brooklyn Park

Maryland

24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Devider Randally

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DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REO NO.	U	1	6

, nn	1-	STATE SEGISTRAR		CERTIFICATE OF DEATH	7 RECZNO. O	1 1 7
	(TYPE	OR PRINT) Arthu	MIDDLE	norts	July 20,	1987 2:09 A
5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0	3. SE	m	1. RACE	5. DATE OF BIRTH  MONTH DAY YEAR  5 1912	6. AGE (IN YEARS LAST BIRTHDAY)  754/8  YRS.	IF UNDER 1 YEAR IF UNDER 24 H
10 / 2 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED DEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	
43	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY GIVE STREET AD		126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS INDUSTRY
must be	136. 5	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CON 1034 Handver	DE .
exemine.	14 FA	Clinton	MIDDLE Shoch	15. MOTHER'S MAIDEN NA		ı Akı
medicol	16s V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURI E WAR OR DATES) 238-14-37	- \	ne is above	
movol.		PART I. DEATH WAS CAUSE	y one couse per line for (o), (b), and (b) BY: E CAUSE (o)	contract Intection	with heumopia-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
sase remove co of, cremotion, o r other traditio		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	)	yaration with		Tasas
or to buring	TION	Possible Septi	( Snock, Punil	bh Liver mutanta	sis, Entancous.	mylasis
giene pri	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O		YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
entol Hys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?)
hond Morked or	MEDICAL	216 INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt		220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did no	ol) ottended the deceosed from 7	, and that in (my) (our) opinion	death occurred on the date and ha	our and from the couses stated
Jetoched ote Dept. IT. If Hem		22b. SIGNATURE	22	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/20 /
with the Sto		22d. PHYSICIAN'S NAME TYPE &	RIGUEZ, MY	3081 S. Han	over St Balt	Smore most
5 3 🙎	23a E	BURIAL, CREMATION, REMOVAL SPECIFY)  BURIAL	7-24-87 1236 NA	ME OF CEMETERY OR CREMATORY	Balting	e. Manylan
60M 7/84	24 FL	UNERAL DIRECTOR	ELL DAPPRESS A	~ (UL33 250 DAT	E REC'D. BY REGISTRAR 256 REGIS	STRUR'S SIGNATURE

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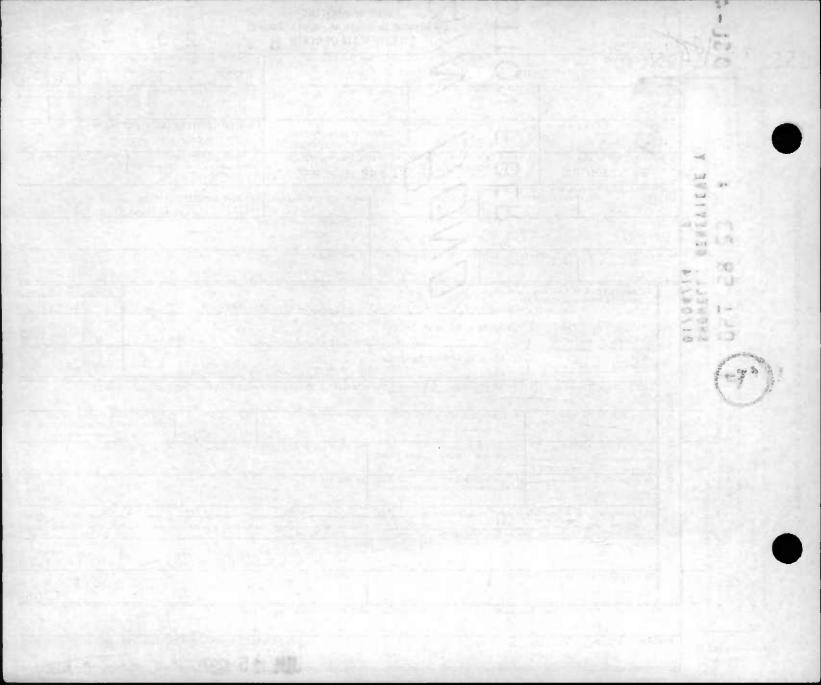
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RE NO	) -	-		

A		REGISTRAR			CLRIII	CATE OF DEATH O		REG. NO.				
4	1. DEC	CEASED NAME FIRST	M	IDDLE	1.	AST	2a. DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR	P
100	STATE OF	GENEVI	EVE FR	ANCES	S	HOWELL	JULY	07. ]	987		11:20	h
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5	M	ARYL AND	U. 5	6. A.	WIDOWE	D NEVER MARRIED DIVORCED	BAI	TIMORE	CI	TY	M	D.
	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WOR	ON INDICE LIEE	12b. KIND O	F BUSINESS OF	₹
	. 3	BALTIMORE	THE	OHNS HO	PKIN	S HOSPITAL		MAKER		1142031111	HOME	
	He: 5			GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZIF	BALET ]	LMORE,	MD. 21	20
		ARYLAND -		BALTIMOR	E	YES X NO	4100	LIBERTY	Heid	ghts A	venue	_
•	14. FA	THER'S NAME	MIDDLE	LAST	200	15. MOTHER'S MAIDEN NA	ME	MIDDLE		LAS	1	
		FRANCIS		YOUNG		EVA		A DISC BAR C BIS		WATK		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RIIY NO.	17. INFORMANTBISHO	P				21207	
=		NO.		218-66-2	380	WINFIELD A.	SHOWEL	4100	LIBE		GHTS. A	
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per l	line for (a), (b), and	d (ci.)				1	BETWEEN	MATE INTERVAL	_
õ			TE CAUSE (a)		ard	10 pul mon	orig	- Corr	201		1 min.	_
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0		Conditions, if any, which	(b)	Ce	relos	novascula	2 C	carde	T		0 1111	
	312	couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF	11 , .				1	Vrs.	
		underlying cause last.	( (c)			Hypertensic	500			1	7	_
GH	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEAS	E OR CONDITIO	)N GIVEN	I (N PART 116		
	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	LION FOR WHICH	OPERATIO	N WAS PERFORMED	20n AUTO	OPSY? [70h	IF YES. V	VERE FINDIN	IGS LISED	_
1	FFC	THE DATE OF OTERATION	-		O. EKANO	TO THE OWNED	YES 🗆			NG CAUSES		
	ERT	210. ACCIDENT WAS UNDERLYING	7   216. TIME OF	INJURY		21c. HOW INJURY OCCUR		9	-		-NO []	-
2	1000	OR CONTRIBUTING CAUSE OF DE	KIH	A. MONTH DA			-					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.A.		19	211 LOCATION			-	31		-
	M	AT WORK NOT WHILE	(AT HOME, STRE	EET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TOWN		COUNTY	STATE	
	- 3	220.1 certify that (1) ((this hosp	tal attended the	deceased from	7/5	1987	. to	7/7	. 19	87	that (I) (we) las	-
		sow the deceded alive an obove, (I) (we) (did) did no	- 1 -		87/, or		death occurre	d an the date a	nd haur o			
		22b. SIGNATURE	it) view the body o	after death.		DEGREE				22c. DATE	SIGNED	-
		COLU		THANK.	_	MT ATTENDING PHYSICIAN	MEDICAL	STAFF N	9	17/	1/87	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	70000		1220 ADDRESS				HOCD	TONT	_
J.			V			600 N. THE	SLFE"S	S. HOPK	10.	HOSP MB.	21205	,
-		BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOC/					=
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		WENTER PREFUNERAL H					TE REC'D. BY R	EGISTRAR 256.	REGISTRA	R'S SIGNAT	URE	-
	250	Ol GWYNNS FALLS	PKWY . B	BALTIMORE	. MD.	21216	45 40	07	D great			

DHMH - 16 60M 7/84 (VRA 15, 4)



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

Ambrose, Inc. 1328 Sulphur Spr. Rd. 21227

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FOR
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	NT OF HE	OF MARYLANI ALTH AND ME CATE OF DEA	NTAL HYG	IENE	2 O		2		
DDIE	SH	RIVE	R	20 DATE OF D	EATH MONTH	S S	87	2b HOUR	5.
/hite	S. DATE OF	BIRTH DAY	YEAR 19	6. AGE (IN YEAR	7	MONT	HS DAYS	IF UNDER 24 HOURS	AIN.
	MARRIED WIDOWED	DNO	RCED 🔲	9. BALTIMORE	CITY OR COU	4	رن	5	M
OSPITAL, NURSING		OTHER INSTITU	JIION S. H	12a. USUAL OC	CCUPATION PROPERTY OF WORKE	NG LIFE) 1	26. KIND C NDUSTRY truck	ing	OR
INE RESIDENCE BEFORE AD		13d. INSIDECITY	LIMITS?	13e.STREET AC 290	DORESS ZIP	CODE	mod	Local	1
LAST		15. MOTHER'S M		_	WIDDIE	U	rla	ich	
21810		17. INFORMANT Constanc	-	iver 29	04 Dela	ware			
pe for (o), (b), ond (	J. F	مالان	in	- ( ac	romic	8	RETWEEN	ONSET AND DEA	itte.
AS A CONSEQUEN	CEOF	atric	_ a	lscu	~				
	1			1		75 11		- 30	

	3. SEX	Male	NACE White	5. DATE OF B	IRTH DAY YEAR 12 19	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
6		OUNTRY) (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED C	NEVER MARRIED [	_	( 1	X MD.
3	(	2005	3300 - \ 12	DDREES!	THER INSTITUTION	17a. USUAL OCCUPATIO (TYPE OF WORLTOR MOST OF		
4	13a. S	TATE MODI 136. COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	JG 130	. INSIDECITY LIMITS?	2904 D	ZIP, CODE	XSQ ]
)	(	THER'S NAME FIRST  S	ADDIE LAST		MOTHER'S MAIDEN N	MIDDLE	Unli	ach
-		/AS DECEASED EVER IN U.S. AR ES, NO OR ONKNOWN) (IF YES, GIV			onstance Sh	ariver 2904 De	elaware Ave	21227
		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), one D BY: TE CAUSE (o)	7 义	silien	e ( auti	C 8 METHORS	CONSET AND DEATH
		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	nep	atric O	el ulu		
	NOI	PART 2. OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO E	DEATH BUT NO	T RELATED TO THE TE			
2	CERTIFICATION	7/16/87	LEAKING GA	chin	د دعاسم	YES NOT	206-1F YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
1		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DA	AY YEAR	t. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		f. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
		saw the deceased alive on	ital) attended the deceased from	ond the		on death accurred on the dat	e ond hour ond from the	
		22d PHYSICIAN'S NAME ITHIS	2 L Jus	122	ATTENDING	MEDICAL STAFF	_  7/	18 187
	27. 6	rough 1	e coner	~~	na	Y 123d LOCATION	my ,	ones
	(:	URIAL, CREMATION, REMOVAL SPECIFY) Burial			etery or cremator age Cemete	ry Dorsey	Howard	Md.
		NERAL DIRECTOR NAME NDrose, Inc. 13	328 Sulphur Spr.	Rd. 212		IUL 21 1987	Sh. REGISTRAR'S SIGNA Julia Danders	

IMPORTANT: If them 21 is morked or them 18 shows any

DHMH - 16 60M 7/84

(VRA 15, 4)

State Anatomy Board

STATE	OF	MARYLAND
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0	0	-	.)
G. NO.	U	1	dise
G. NO.	46		

87	FOR STATE REGISTRAR					EALTH AND MI		IENE REG.	2 0	12	6:55PH
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,,	OKERINI		Rosalia	0.	Shr	iver		201-	22	1987	1855 PM
3. SE.	X		4 RACE	5		OF BIRTH		6. AGE (IN YEARS LAST E	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	F		W		MONTH	DAY	YEAR		Q YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	-		27	9 BALTIMORE CITY		Y OF DEATH	
	MD		II S		MARRIE		RCED T	Baltimo	re		MD.
10. C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSING	HOME C			120. USUAL OCCUPA			OF BUSINESS OR
	altimore C		The l	HEACILITY, GIVE STREET ADD Union Memo:	rial	Hospita	1	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	
	AL RESIDENCE (IF NURS	13b. COU		13c. CITY OR TOWN	MISSION)	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS	ZIP COL	Nu	rsing
	MD.			BALTIMO	PE	YES N	10 🗆	700 W 4	10+h		
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S A				LA	
	Mark		moote	Schriv	er		31	Moore		Oliver	
	VAS DECEASED EVER			166 SOCIAL SECURIT		17 INFORMAN		ADD	RESS	77-301	
- (	YES, NO OR UNKNOWN)	(IF YES, G	IVE WAR OR DATES)	212-28-	652	8 Unio	n Mei	morial Ho	spit	al al	
	18 CAUSE OF DEAT	H (Enter o	nly one couse per	line for (a), (b), and (c							MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUS	EĎ BY: (TE CAUSE (a)	CARTIOR		ONANT	F	TRAREST			1125
		INVIVILDIA		/		1	F10.77				
	Canditions, if ony,	which	DUE 10, O	R AS A CONSEQUENC		MINA				2 4	5 X 8 3 c
	gove rise to imr	mediote	10)					741674180		1 100	
	underlying cause		DUE TO, OI	R AS A CONSEQUEN	LE OF						
	PART 2. OTHER SIGN	NIFICANT		ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART 1:	q
NO	C.O.	9. 1	D	NEUROF	101	ROMAN	2120				
CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH OF				20a AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED
IFIC								YES NOT		IFYING CAUSES	OF DEATH?
ERI	21a. ACCIDENT WAS UNI	DERLYING [	216. TIME O			21c. HOW INJU	RY OCCURR	RED (ENTER NATURE OF IN.			
	OR CONTRIBUTING			M. MONTH DAY							
MEDICAL	21d. INJURY OCCUR		P. P		19	21f LOCATION					
ME	WHILE   NOT WH	HILE 🗀		REET FACTORY, OFFICE, FARM	A ETC )	STREET		CITY OR I	OWN	COUNTY	STATE
	AT WORK AT WO				111	70	10 87	1007	27	10 87	
	saw the decease	ed alive o		22 10 8	_		19	death occurred on the			that (I) (we) last causes stated
	226. SIGNATURE	3.07 (0.0 ).	1	oner deam.		DEGREE			1.00	22c. DATE	SIGNED
	eva	5.	hers	~ MO		AT1 PH	ENDING YSICIAN	MEDICAL ST.	AFF ICIAN P	7/2	2/87
	22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS					
	Eva	s.	Hersh,	M.D.		The U	nion M	lemorial Ho	spita	1	
23a. E	BURIAL, CREMATION,	REMOVA	L 23b. DATE	23c. NA/	ME OF C	EMETERY OR CR	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Remot	val.	7-23	-87					ales.		
24 FL	JNERAL DIRECTOR			ADDRESS				E REC'D. BY REGISTRA			
	Ct-+-	7	- I D	3	. 7 .	24.7	11111	2 9 1097	- wille	redson-Ran	delle-

HOUR

ISINESS OR

.21231

Unknown

S. Washington

Maryland

HER 20123
20 DATE OF DEATH MONTH DAY YEAR 26
July 4 1987
6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF I MONTHS DAYS HO
Baltimore City or County of DEATH
120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)   HOUSEWIFE   TOUR   TOUR   TOUR
130 STREET ADDRESS / ZIP CODE 209 S. Washington St

Elizabeth

MIDDLE

MEDICAL DIRECTOR

STAFF

PHYSICIAN

Baltimore

ATTENDING PHYSICIAN

ADDRESS

Jr. 209

Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	v		
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY?	DITION GIVEN IN PART 11a  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURR		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
220.1 certify that (I) (this hospital) saw the deceosed alive on abave, (I) (we) (did) (did nat) vi	6/24 1987/00	d that in (my) ( opinion c	death occurred on the de	, 19 that (1) (we los ate and have and from the causes stated

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Eastern

Most Holy Redeemer

21231 Ave.

17 INFORMANT

4976 Joseph Siegmund,

FUNERAL DIRECTOR: should be detached for with the State Dept. of I

MPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR STATE REGISTRAR 1. DECEASED NAME

Female To. BIRTHPLACE (STATE OR FOREIGN

laryland

14. FATHER'S NAME

no

10 CITY OR TOWN OF DEATH

Baltimore

Maryland

160 WAS DECEASED EVER IN U.S.

230 BURIAL, CREWATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

(TYPE OR PRINT)

3. SEX

FIRST

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RE 130. STATE 136. COUNTY 1136. C

Unknown

Mary

4 RACE

MIDDLE

ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

23b. DATE

& Zeiler, Inc. 1901

7/8/87

White

76. CITIZEN OF WHAT

,S,A,

NAME OF HOSP

209 S. V

Schoff

166 SOCIAL SECURITY NO.

26

188 N.O. The

22702

FOR

		AND

	-301/A		
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE		
CERTIFICATE OF DEATH	(2)		

L	24	STATE		CERTIFICATE OF DEATH											
1.		CEASED NAME	FIRST		MIDDLE	LAST							2b. HOU		
	(1172	OR PRINTS	GERAL	DINE	H.	310	BEEZ	CHAL			7	21	48	625	EM
	3. SE	X		4. RACE		S. DATE C			6 AGE	N YEARS LAST BI	RTHDAY)		ERIYEAR	IF UNDER	
		F		W	1	MONTH 3		vear 26		61	YRS	MONTHS	DAYS	HOURS	MIN.
1	7a. BI	BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUNTRY?		MARRIED WINEVER MARRIED		9 BALTIMORE CITY OR COUNTY O			TY OF D	OF DEATH			
102	Md.			20		WIDOWED DIVORCED			BAUTO CITY				MD.		
		BALTO	OR TOWN OF DEATH		H FACILITY, GIVE STREET					AL OCCUPAT				F BUSINE	SSOR
	177.0		WELLOW NOVE OF	FEAN	0,0	T KE	1 ME	D GE	L.P	.N	Good	Sam	. Ho	sp.	
4		STATE	13b COUP		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN						13e.STREET ADDRESS / ZIP CODE				
PEC S		Md.		0.2	Balto.		YES NO		4115 Echodale			Ave. 21206			
Phy	14 FA	FATHER'S NAME		MIDDLE	DDLE LAST		15. MOTH	ER'S MAIDEN NA	EN NAME MIDDLE				LAS	T	
d		George	T		Williams			ilda	H.			Missler			
		(YES NO OR UNKNOWN) (IF YES, GIVE WAR OF			166 SOCIAL SECU	IRITY NO.	17. INFOR	MANT		ADDR	ESS				
		no			212-28-1	983	Edwa	rd C. Si	1berz	ahn Sr	. 41				Ave.
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)											APPROXI BETWEEN C	MATE INTER	VAL DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) INTRACEREBRAL BLEED													
		DUE TO, OR AS A CONSEQUENCE OF													
	-	Conditions, if ony, which ( ib) HYPERTENSION													
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF												-	
		underlying cause lost.													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN											PART 10		
	CERTIFICATION	CAI	PUNO	MA OF	WNB										
7	S	190 DATE OF OPER	RATION	19b. COND	19b. CONDITION FOR WHICH OPERATION			N WAS PERFORMED		YES NO YES		ES, WER	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)		
4	E											YES 🗌			
7		210. ACCIDENT WAS I								NATURE OF INJU	JRY IN ITEM T	B PART I OF	PART 2)		155
1	MEDICAL	(IF EITHER NOTIFY M	_	CITT	P.M. 19										
	ED	21d INJURY OCCU	JRRED	21e PLACE OF INJURY			211 LOCATION STREET CITY OR TOWN			OWN	COUNTY STATE			TATE	
	Σ	WHILE NOT WHILE AT WORK AT WORK													
		220.1 certify that (1) (this haspital) attended the deceased from											ve) last		
	sow the deceased alive an											rom the	auses sta	ited	
		226 SIGNATURE		DEGREE								22	22c. DATE SIGNED		
		Bompone	L. A	. Hereb	evt		MD	PHYSICIAN J	DIRECTO	R PHYSIC					
		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e. ADDI	RESS EQ	V ME	DCE	MEP				
		BARRY	101	A LIE	ORFOT		1 40	10 EAST	TERNI	ALIE	P	TILL	MO	219	20

55 should be detached for us with the State Dept. of He MPORTANT: If hem 2

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation
24 FUNERAL DIRECTOR 7-24-87 Green Mount Cem.

STATE Md.

John C. Miller Inc. 6415 Belair Rd. 21206

Balto.

250. Date rec'd. By registrar 25b registrar's signature.





JUL 23 1997 CE JUL

721 Elden St. Herndon, VA

46

DHMH - 17

(VR A15 ME (5))

J. Berkley Green

- STATE REGISTRAR MIDDLE DECEASED NAME poge 3 PEARL M. SIMMONS 3. SEX 4 RACE 5. DATE OF BIRTH MONTH FEMALE VASION 70. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED STON NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION AYETTE NURSING CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 13b COUNTY Maryland Baltimore 14. FATHER'S NAME (unknown) Towers 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO IVES NO (IF YES, GIVE WAR OR DATES NO OR UNKNOWN) 462-20-8789 18 CAUSE OF DEATH (Enter only one cause per line form, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if ony, which gave rise to immediate couse (o), stating the oth underlying cause pleo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.						
DATE OF DEATH	MONTH	DAA	YEAR	26 HOUR			
	7 -	12-	1987	3:10	۲		
AGE IN YEARS LAST I	BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HR			

9 BALTIMORE CITY OR COUNTY OF DEATH

TIMARE 126 KIND OF BUSINESS OR INDUSTRY

(TYPE OF WORK FOR MOST OF WORKING LIFE) Retired

13e.STREET ADDRESS / ZIP CODE 3707 Falls Road 21211

NO 15. MOTHER'S MAIDEN NAME FIRST

13d. INSIDE CITY LIMITS?

YES X

DIVORCED

1900

(unknown)

17 INFORMANT

John W. Simmons 3707 Falls Road

21211

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

98 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

COHNIY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY YEAR HOUR A.M. MONTH DAY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

STATE

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased glive on saw the deceased alive on. abave, (1) (we) (did) (did not) view the bady after death

DEGREE

ATTENDING PHYSICIAN I

MEDICAL STAFF FIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated

CITY OR TOWN

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

MPORTANT 230 BURIAL, CREMATION, REMOVAL

CERTIFICATI

MEDICAL

Burial

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d LOCATION CITY OR TOWN Brentwood

Maryland

24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave.

7/16/87

23b. DATE

256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIRECTOR

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Hygier Hygier

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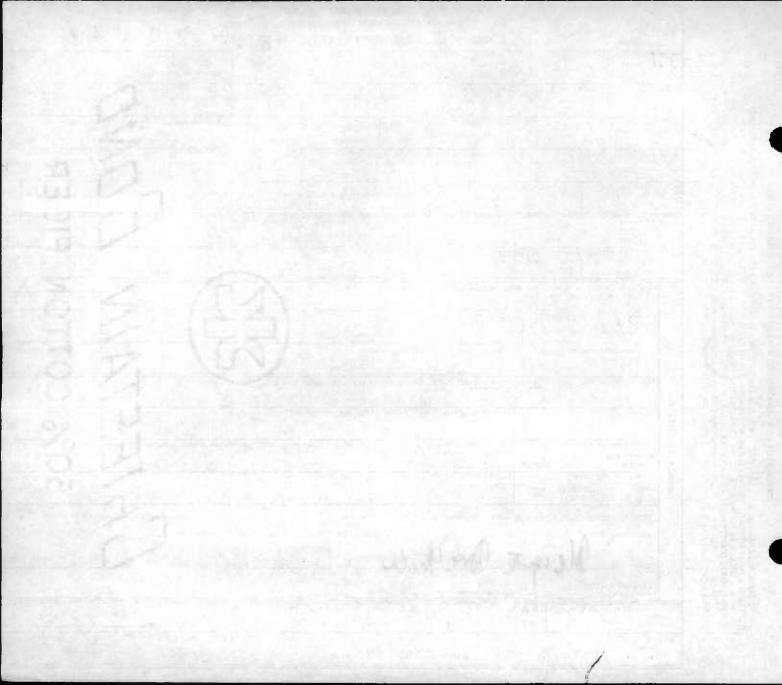
20

THE RESERVE OF THE PROPERTY OF THE PARTY OF ASSES THE

30Q7

(VR A15 ME (5))

STATE OF MARYLAND



589	6.2 mm		FOR STATE REGISTRAR		OF HEALTH AND MENTAL HY	2 / 2	0 1 2 8
moy be	poge 3	1. DE	CEASED NAME FIRST LORE	4 RACE S. DA	Sinnott Sinnott	REG. NO.  20. DATE OF DEATH  6 AGE (IN YEARS LAST BIRTIN	MONTH DAY YEAR 26 HOUR 7 9 M
age 4	ours aft	70 RI	TEMALE RIHPLACE ISTATE OR FOREIGN		01/10 DAY 1898	88	YRS. MONTHS DAYS HOURS MIN.
Geoth. F	un 72 h	70. 0	Balto. Md.	11 S MAI	RRIED NEVER MARRIED DWED 🔀 DWORCED	1 14	City MD
201	by the fu	6	ralto. Md.	11. NAME OF HOSPITAL, NURSING HOM — IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS — DEA FOR HOSP. 4	edical Center	2 RETIRED	ON OR LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 21	y filled in should be er must be	130. 5	Md 13h COLH	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINTY	YES NO.		ZIP CODE rest Ave. 21234
MARY bed with	ond 2 s	14. FA	THER'S NAME William	Manning Manning	15 MOTHER'S MAIDEN N	IAME MIDDLE	HEaly
IMORE,	Poges		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN)   (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY No ve war or dates) 2/3-74-838	7 Wayne Sin	anoth 6678 A	loch:// Rd 21239
101 W. PRESTON ST., BA	ed by the ottending physicalesse remove corborhop riol, cremotron, or removo or other troumotic event, to		Conditions, if any, which gove that to immediate could color rating the underlying course lost.	DUE TO, OR AS A CONSEQUENCE OF	gastriti.	syndro	
ORDS, 2	t. Then por to bu	NOIT	Deabet		8		
AL REC	thos bermiene primary	CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL	certificate rical-transfer and Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AR 19	IRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2)
NO PHY	offer this os the but the ord M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211. LOCATION STREET	CITY OR TOW	OUNTY STATE
TTENDI	CTOR: A I for use of Heoli		saw the deceased alive or	7 / (7)	, and that in (my) (aur) opinio	n death occurred on the date	te and hour and from the causes stated
AL OR A	AL DIRE		1226. SIGNATORE Beece	ee, no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
HOSPIT	O FUNER hould be with the St		B. VICIOS	IPATTILY	Less 7	2 5 6500	ne st.
2	o ⊢ ~ 3 ≤	230	RUPIAL CREMATION REMOVAL	236 DATE 23, NAME (	DE CEMETERY OR CREMATOR	1224 LOCATION	

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/6/87 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATOR New Cathedral Cemeter

STATE OF MARYLAND

23d. LOCATION Baltimore

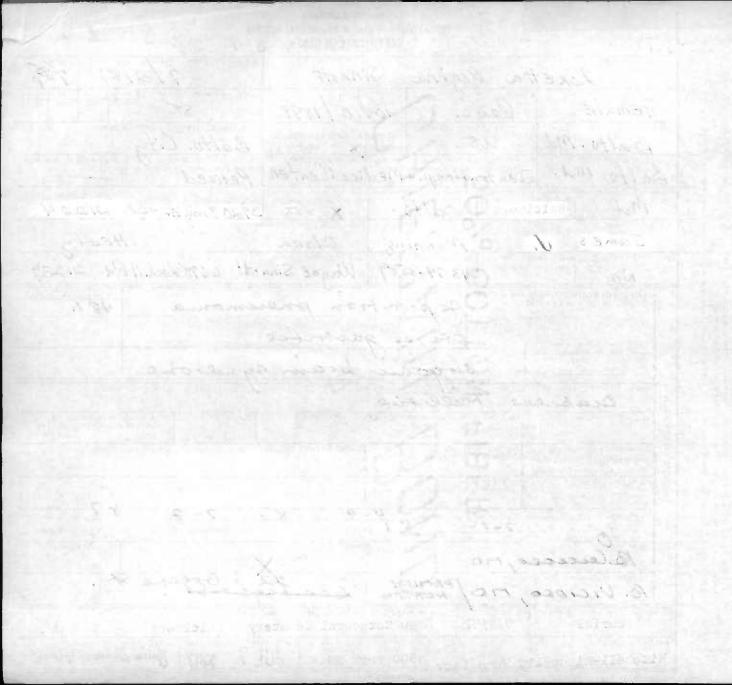
COUNTY

Md.

MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Mitchell-Wiedefeld Home Inc 6500 York Rd.



MIDDLE

G.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO DAY

JULY 6, 1987 YEAR

& AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR IF UNDER 24 HRS

LAST

26 HOUR

12:05

YRS

BALTIMORE CITY OR COUNTY OF DEATH

CITY MD. 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR

ARPENTER CONSTRUCTION

13e.STREET ADDRESS / ZIP CODE 212 N. PORT ST. 21224

YES [

Mas. ara M. Hayes - 212 N. Port St 21224

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 min hours.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

SIZEMORE

coasulopathy

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated 22c DATE SIGNED

DIRECTOR PHYSICIAN

6/87

23b. DATE (SPECIFY) GARRISON VETERANS URIAL

BALTO

STATE

NERAL DIRECTOR

STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

DELMER

1. DECEASED NAME

25a. DATE REC'D. BY REGISTRAR ECISTRADISTIGNATU

DHMH - 16 60M 1 (VRA 15.

A B AU L AND SERVICE Y CANALTER CONSTRUCTION ASSIS TO TAGE IN EAST OF WAR IN GEORGE HAMILIEUR SIZEMUNE TON THEME PART ration if bot of 1 - and he stand and 1 and 50 PIR IT WWW . gov Busing 17-9-87 Special Variation | Desta | was to make the test of the te

TO HOSPITAL OR ATTENDING PHYSICIAN, The

retained by the haspital or

059990

physicion and completely filled in by the funeral director. page 3 in papers. Pages 1 and 2 should be filed within 72 hours after death

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

1. SEX	20130				
II DEC	CEASED NAME FIRST	MIDDLE	LAST	NEO.	
(1Abt	FORPT * *	J. J.	SKETERS	A B	7 14 87 17479
3. SE)	x	4. RACE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
		76 CITIZEN OF WHAT COUNTRY	MARRIED A NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
10 CI	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	
		OTHER INSTITUTION BIVE RESIDENCE BEFO	WN 134 INSIDE CITY LIMI	15? 13. STREET ADDRESS	1 ZIPCODE 2/229 Grantfey St
TOPOGRESS DANAME    18   18   18   18   18   18   18   1	Nero				
	YES NO OR UNKNOWN)   (IF YES GI				-1
		DUE TO, OR AS A CONSEQ	UENCE OF	•	
z	gave rise to immediate cause (a), stating the underlying cause last.	( (c)	UENCE OF		NDITION GIVEN IN PART 110
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c)CONTRIBUTING TO	UENCE OF	TERMINAL DISEASE OR COI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE THOPERATION WAS PERFORMED  DAY YEAR  21c. HOW INJURY O	TERMINAL DISEASE OR COI	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sigma \) NO \( \sigma \)
	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE UNDERLYING ON CONTRIBUTING OR CONTRIBUTING NOTIFY MEDICAL EXAMINE ON THE ORIGINAL PROPERTY MEDICAL EXAMINE OR THE ORIGINAL PROPERTY OR THE OR	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION	TERMINAL DISEASE OR CON  200 AUTOPSY?  YES NO  CCURRED {ENTERNATURE OF INJ	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTITION OF PART 2)
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	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (1F EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  220.1 certify that (1) (this hasp saw the deceased alive or obove, (1) (we) (did) (did not obove, (1)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE)  ital) attended the deceased from	DEATH BUT NOT RELATED TO THE THOPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  DEGREE  ATTENDI	TERMINAL DISEASE OR CON  200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF IN)  CITY OR I  Initian death accurred an the or	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO DILLIPSE NO DILIPSE NO DILLIPSE NO DILLIPSE NO DILLIPSE NO DILLIPSE NO DILLIPSE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After the centricate in should be detoched for use on the burson frames with the State Dept. of Health and Mental Hygier IMPORTANT: If them 21 is munked or them 18 sh

Wm. Not. March F/H West 4300 Wabash AVenue

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be retained by the hospital or oftending physician.

completely filled in by the funeral director page 3 and 2 should be filed within 72 hours offer death

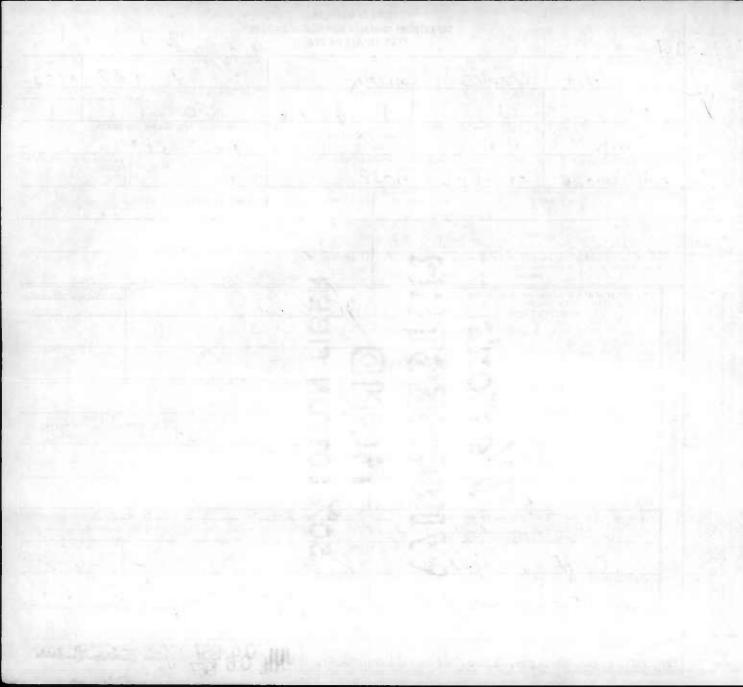
executed within 24 hours after death. Page 4 may be

## STATE OF MARYLAND

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REG. NO			

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		8 7 REG NO	0 1	3
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194	3 SE)			RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDA		
y		m		W		MONTH	16 9	736	50	YRS. MONTHS DAY	S HOURS MIN.
et 2 1		OUNTRY)	OREIGN 7	b CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRI		BALTIMORE CITY OR C	OUNTY OF DEATH	
85		mD		USA		WIDOWE	/ -		BALT.	city	MD.
211	10 CI	TY OR TOWN OF DEA	TH 1		OSPITAL, NURS		R OTHER INSTITUTI	ION	120 USUAL OCCUPATION		
10	12	ALTIMO	RE	STA	GNES	4105	P.		Service Dire		
\$	13a. S		135 COUNT	TY	GIVE RESIDENCE BEFO 134 CHTY OR TO Linthic	WN	13d INSIDE CITY LI		13e STREET ADDRESS / ZII 507 LaClaire	P CODE Avenue.	21090
9	-	THER'S NAME					15. MOTHER'S MAI		E		
E D	)	Vincent	M	NIDOLE	Smith	1	Mary		MIDDLE	1	asi Flee
Col		AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC		17 INFORMANT		ADDRESS		
medi	()	es, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	213-32-	-2580	Joan L.	Smith	n, 507 La Cla		
t, t		18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (0), 101,	ond icui	201 2 6	0 -1	1	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
even		PARTI. DEATH W		CAUSE (o)	hill	14	euf Cial	1/1/6	1		
nofic				DUE TO, OF	R AS A CONSEQ	UENCE OF				ALC: NO	
roor		Conditions, if ony,		(b)							
her		couse (a), statir	g the	DUE TO, OF	R AS A CONSEQ	UENCE OF				TI ST	
or of		underlying couse	lost.	(c)							
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ni yo	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	D	20a AUTOPSY? 20	b. IF YES, WERE FINI	DINGS USED
o sm	IFEC								YES TI NOT	CERTIFYING CAUS	
8 %	CER	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	n
E		OR CONTRIBUTING		HOUR A.		DAY YEAR					
5	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OR FOWN	COUNTY	STATE
rked	Σ	MHILE NOT WE	RK R	(AT HOME STR	EET, FACTORY, OFFIC	E, FARM, ETC )	JINCE!			,	
D W		220.1 certify that (1)	this hospite	ol) ottended the	e deceosed from	1	7-4,19	74		7-4, 19 87	, that (I) (we) last
21		sow the decease	ed olive on _	view the Body	atre drath.	7,00	nd that in (my) (our)	opinion d	eoth occurred on the date	and hour and from t	he couses stated
ž.		27h SIGNATURE	.00	1/0	TON L		DEGREE	101110	MEDICAL CYAFF	22c DA	TE SIGNED
2		101	all	V/X	XXXX	4	PHYS	ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/-	RIVEAR HUNDER 24 HRS.  DAYS HOURS MIN.  ATH  MD.  KIND OF BUSINESS OR  USTRY  DEMAND FORD  CAST  Glee  PART 1:0  FINDINGS USED  CAUSES OF DEATH?  NO  PART 2:)  PART 2:
ORTA		224 PHYSICIAN'S N	51.7	67	2 11	1	22e. ADDRESS	1	10-11-	1 2,	200
8		Orey	DIY	716	00 raoi		1571	79K	ES 770)	V 0x10	401
201	23a B	URIAL CREMATION	REMOVAL	736 DATE			EMETERY OR CREM	0	23d LOCATION CITY OR TOWN	COUNTY	STATE
	0.4.5	Buria	1	7/8/	87 CE	edar Hi	11 Cemete		Brooklyn Pa		Maryland
A 7/84		INERAL DIRECTOR	7 77	- T	ADDRESS	- דיד: דו	21229 ens AVe.	250. DATE	REGID BY REGISTRAR 256	REGISTRAR'S SIGN	Pandall
4)	HII	bbard Fune	ral H	ome. In	C. 4 ()	/ WILKE	ens ave.	VIVE	116 1000 //	10-1	

DHMH - 16 60M 7 (VRA 15, 4)



# STATE OF MARYLAND

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HY	GIEN
	CE	DT	IEIC ATE	OF	DEATH		0.0

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B / REG. N.2. 0 1 3 2
WE M. Smith	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 072787 24M
S. DATE OF BIRTH  MONTH DAY YEAR  OC 11 10	6. AGE (IN YEARS LAST BIRTHDAY)  7  YRS.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  CITY MD
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PLANCIS SCOTT Key Med Ctr	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  120. KIND OF BUSINESS OR INDUSTRY
R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13d INSIDE CITY LIMITS?  YES NO	13e STREET ADDRESS 2/224 3217 DI HON ST.
LE LAST RESTHERE	NE UN KNOWN
PORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 219-07-9638 WILFORD S	MITH 1809 WIND 50 VENE AVE.
AUSE (a) CArdiopulmonary	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	3 days
DUE TO, OR AS A CONSEQUENCE OF	
DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

- STATE REGISTRAR DECEASED NAME

CTHRE CRIPRING

a. BIRTHPLACE

COOKING

4 FATHER'S NAME

ES, NO OR UNKNOWN)

CITY OF TOWN OF DEATH

3: SEX

76 CITIZEN OF WHAT COUNTRY?

ATHERINE

STATE OF FOREIGN.

WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13% COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY-

4. RACE

MIDDLE

I (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and

IMMEDIATE CAUSE (a)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE

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CERTIFICATION

MEDICAL

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196 CONDITION FOR WHICH OPERATION WAS PERFORMED

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20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F NO I

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

226 SIGNATURE

NOT WHILE

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE, SIGNED

22d. PHYSICIAN'S NAME ITYPE OR PRIN

Ano 13

ATTENDING

PHYSICIAN

BP

ATTENDING

HOSPIT

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR GREMATORY 23d. LOCATION CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

R. NO	1	3	3
KNIOWN ET MO	NITM	DAY	VEAR

			CEASED NAME	FIRST		MIDDLE		LAST		0	DATE KNO	OWN TI M	AONTH D	AY YEAR	76 HOUR
	%×××× × ⊢	(TYPI	E OR PRINT)	Clir	nton	Ambrose		Smith			OF ES	311-		C 100 T	
	REGIETO	3 SEX	4. RAC		5. DATE OF BIRTH	6 AGE (II		NDER 1 YR.	IF UNDER	24 HRS. 2	c. DATE	M	ONTH D	DAY YEAR	2d HOUR
	ARY, PLEASE DIRECTOR. OUR FILES. 72 HOURS ON STREET,	Mo	le W	hite	MONTH DAY	27 LAST BIR	THDAY) MONT		HOURS		RONOUNCE	D	7 .	26 19 87	2:40
	SSAR		RTHPLACE (STATE OR		76. CITIZEN OF WH		18	RIED   NE	J. J	50 7 9	BALTIMOR	E CITY OR C			1 PM
	S N N N N N N N N N N N N N N N N N N N	POI	Maryland		U.S	.A.	WIDOV	-	DIVORCE		Palti	more C	11+17		MD
4	AY IS A THE FI	10 CI	TY OR TOWN OF DE	ATH		PITAL, NURSING HO		HER INSTITU		12a. USUA	AL OCCUPAT	ION (TYPE OF Y	WORK 12h	KIND OF BU	SINESS
	PAGE FILED	1	Baltimore	1		Park-1230		lwood	Aug	R	etired	PLIFE?	1	Railro	ad
50	AN A	USUA 13e. S1	L RESIDENCE (IF IN THE	IRSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADM	AISSION)	134 INSIDE CI		IIIA STREE	ET ADDRESS				
212	E AND 3 TO RETAIN PA SHOULD BE F		Md.	Bal	timore	Dundal Dundal	k	YES 🗌	KOKON	344	4 McSh	are Wo	щ 21.	222	
E, MD.	S 1, 2,	14. FA	THER'S NAME FIRST		MIDDLE	Smi th			ER'S MAIDE		MIDDLI			LAST	
AOR	A GE	16a. W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORM	MANT		A	DDRESS			
MITIM	S AFTER SIVE PA TH FO PAGES VISION	(YE	s, no or unknown)	1946	-1947	214-24-	8476	Tam	my Roc	dtke	3444 M		2 Way	21222	,
T	JURS 18. GIVEN WITH PARTY		18 CAUSE OF DEAT	TH (Enter only	ane cause per line	far (a), (b), and (c).)			1950					APPROXIMATE BETWEEN ONSET	INTERVAL T AND DEATH
N S	PERA VAL		TAKTI DEATH V		CAUSE (a)	obar Pneu	monia (	with a	bsces	s for	mation	1			
EST	THIN 2-	-	Conditions, if		DUE TO, OR	AS A CONSEQUEN	CE OF								
	MINE MINE MINE MINE MINE MINE OR RE		gave rise to	immediate	(b)										
2			lying cause last		DUE TO, OR	AS A CONSEQUEN	CE OF								
S, 2	AG" III		PART 2 OTHER SIGNIFICAN	AT CONDITIONS C	ONTRIBITING TO DEATH II	HIT NOT BELATED TO THE	TERMINAL DISCAS	CE OB COMOTION	N CIVEN IN BAR	DT 1			1		
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1 RE	L ~ _ W	CERTIFICATION	196. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH O	PERATION W	VAS PERFOR	MED?				2	0. AUTOPSY?	>
VITA		TIFIC												YES X	NO 🗆
DIVISION OF V	A THE SECTION	AL CER	UNDERLYING	OR		MONTH DAY Y	EAR	OW INJURY	OCCURRE	D LENTER NA	TURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
Sio	SHOULD THE SHOULD SHOUL	MEDICAL	CONTRIBUTING 214, INJURY OCCUR			F INJURY (AT HOME		CATION							
DIV	THIS CER WRITIN WARDED PAGE 3 S STATE DEP 21201 PR	ME	WHILE NOT AT W	WHILE		ORY, FARM, ETC.)		STREET		Ler	CITY OR TOWN		COUNTY	216	STATE
			220 I certify that	I taak charge	of the remains desc	cribed above, held a	n Autap	osy X.	Inspection	n .	Inquiry	] and in	my apiniai	n	
	EXAMINER: CERTIFICATI OULD BE FOR I DIRECTOR: (, WITH THE MARYLAND)		death resulted fram	n: Nature	il causes 💢 ,	Accident ,	Suicide	, Hamic	ide .	Undeter	mined manne	er ,			
	DIRE WILL		ACTUAL	11.0	- A	11/2		TITLE (SI	PECIFY)						
	CAL EX. THE CER SHOULD RAIL DIR ATH, WI NE, MAR		SIGNATURE	May	alto US	me The		A.D. ASS	istant	L_MEDIC	CALEXAMINE	R S	DATE SIGNED	7-27-	87
	WOLE ONE	1	EXAMINER'S NAME						111	D	O.L	D-14-	24.7	2120	1
	TO MEDICAL EXAMINATION OF THE CERTIF PAGE A SHOULD TO FOUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL	73a PI	(TYPE OR PRINT)		rita A. K	123c NAME OF		ADDRESS_	111	Penn 1734, LOC	St.,	Baito.	MG.	2120	Ţ
07/84	ВР	(5	Buria!	LINOVAL 23	7-29-87	Maryl		teran		CITALOS	rison	, Bala	to. O	. My ST.	ATE
25M	DHMH - 17		INERAL DIRECTOR		100		war.		25e. DATE R			Sh. REGISTR	AR'S SIGN	LADURE	
	(VR A15 ME (5))	(h	arles S.Z.	eiler (	& Son Inc	. 901 5.0	onklir	in St.	JUL	29	1987	Julia dia	many.		3-

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### STATE OF MARYLAND

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REG. NO	dim.	9			

061564 AUG	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
001304	REGISTRAR CERTIFICATE OF DEATH 8 REG. NO. 2	
e me	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR	AM
oge deor	EISIE L. SMITH 07-25-87 2-40°	<u>K</u> J
1 01	S. DATE OF BIRTH  MONTH DAY YEAR  6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 YEAR IF UNDER 24 HRS	_
1 11	remote white 10 06 93 93 YRS	_
1 16 174	BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
		D.
1 11 54	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NO IN SUCH FACILITY, GIVE STREET ADDRESS)  126. VISUAL OCCUPATION (IF PO F WORK FOR MOST OF WORKING LIFE) INDUSTRY	K
8 5 56	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	70
D 21	130. STATE 131 COUNTY 134 CITY OR TOWN 134 INSIDE CITY WATS? 130 STREET ADDRESS / ZIP CODE	8
N C SI	LEATHERS NAME  15. MOTHER'S MAIDEN NAME	2
4 1 19/17/	FIRST MIDDLE LAST FIRST MIDDLE LAST (L.	
E 5 60	HERMAN ROALEMERS TO BE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	_
1 Pd 1/2	IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
1 2 2 2	AND TOTAL FIDAM FRANT SARRY OF CHAPTER HAVE CHAPTER INTERVAL	=
A copy	18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c)   PART I. DEATH WAS CAUSED BY:	_
12 d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IMMEDIATE CAUSE (0) Corous pulmonory Arrest.	_
NO 4 confi	DUE TO, OR AS A CONSEQUENCE OF	
RES de	Conditions, if ony, which gave rise to immediate (b) (everyor Varental According to immediate)	_
A distant	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying couse last.	
5 4 7973	(0)	=
8 1 1 1 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO	
8 1 1	90 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED	_
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AT CONTRACTOR	210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
8 34 119 1	OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
N SE	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	_
N OH PT AND A	NOT WHILE AL WORK AT W	
D A SO	22a-I certify that (I) (this hospital) attended the deceased from 7 - 13-, 1987, to 7 - 2.5-, 1987, that (I) (we) lo	st
2 Property 2	sow the deceased alive on	
4 2 H P F	226. SIGNATURE 220 DATE GIGNED 220 DATE GIGNED	_
0 4 4 4 5 T	ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF	)
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BP	BURIAL 7-29-87 CHESTRUT GROVE MARYSVILLE PERLY P	A.
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DHMH - 16 60M 7/84 (VRA 15, 4)	JOHN'M WEBER +SOIYSING CHESTER ST	

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of 4 mc	3. SE	lale	Black		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)  57 YRS	IF UNDER 1 YEAR IF UNDER 2
1 11/10		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	
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1 120		THER'S NAME	WIDDIE	Smith		Hattie		LAST
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	1,122
1		es	SIVE WAR OR DATES!	214-25-367	2	Betty Smit	h 1328 Stonewood Rd.	21239
or equire, that the de- eer signed by the art. It They please remove as to bursal, crempting by littory, as other trax.	VIION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN:  19a DATE OF OPERATION	(c)		LEATH BUT	ctol hyp	rminal Disease or Condition GIV	VEN IN PART 1(0
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TALOR PALDRE detoched Tole Depi		22b. SIGNATURE	Ar	m, con		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/20/8
O HOSPI TO FUNE TO FUNE TO FUNE MPORTA		K. REU	TIM				2K PD. ST 14.	LUTHERVILL
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DHMH - 16 60M 7/84	24. FI	Win C March F/H	4404 =	North Av		250	ATE REC'D BY REGISTRAR ASS PEGIS	COLDEN UR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1:0	
_	TION						
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEATH?
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4		OR CONTRIBUTING CAUSE OF DE		AY YEAR			
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-		sow the second plive on	ital attended spe deceased from.	B7, and that in (my (our) opinion	death accurred on the di	,	uses stated
		nbove(II) we did did no	of view the body after death	DEGREE		27c. DATE SIG	GNED
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	24. FL	UNERAL DIRECTOR	ADDRESS	25a. DA1	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATUR	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	N STATE	1	fale	White	MONTH DAY	YEAR 15	72 YRS.	THS DAYS HOURS	MIN PRONOU		7 -	26 187	10:1
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ax m	AND		Scott	L.		mith.		Gertrud	e		В	osley	
WO	SSAN		VAS DECEASED		MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	11	L7 ASDRESS Pa	vson	St.	
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	≥ ○光正田戸	~	(TYPE OR PRINT	Marga	rita A. Ko	orell,	M.D.	ADDRESS 111	Penn St.	, Balto	. Md.	2120	1
	DATO PAGE	23a.B	URIAL, CREMATE	ON, REMOVAL 2	3h DATE	23c. NAA	AE OF CEMETERY	OR CREMATORY	23d. LOCATION		COUNTY	7 51	TATE
07/84	BP	13	Bur	ial	7/29/87	Bal	timore N	ational	Baltimo	re		Md.	
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DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIEN
				O. P. A. W. L.	- 24

061665 AUG	5,8	*21AIC	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	07 20140
oy be		REGISTRAR  EASED NAME FIRST OR PRINT)  THE WARS	MIDDLE	Comita	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 7 25 87 3 5 PM
oge 4 mc rector. p urs after	3. SE)	М	1 RACE Plach	5. DATE OF BIRTH  MONTH DAY YEAR  YEAR  7.7	6, AGE (IN YEAR LAST BIRTHDAY)  WONTHS DAYS HOURS MIN.  YRS.
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MARYLAND 21 ed within 24 hoi mpletely filled in ond 2 should be examiner most b	13a. S	TATE 136 COUNTER'S NAME	CITY OR TOWN		400 W. Franklin St.
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BALTIMORE, cote be execut sysicion and copers. Pages wol. 11, the medical	()	No	251-20-	1733 James B.	Smith 15622 Egyery Ct.  BETWEEN ONSE INTERVAL  BETWEEN ONSE AND DEATH
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	IFICATION				MINAL DISEASE OR CONDITION GIVEN IN PART Tra
VITAL RECO	CERTIFICA	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
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DIVISION TENDING Portal ar otter through a control of the control	~	sow the deceosed olive on	a) ottended the deceased from  July 19	7 July 19 6- 67 , and that In (my) Jour) opinio	n death occurred on the date and hour and from the couses stated
ral OR all y the hosp the hosp the hosp tal DIREC detached ore Dept.		226. SIGNATURE Lea (	Ham Mo		MEDICAL STAFF DIRECTOR PHYSICIAN # 7/25/87
O HOSPITAL etained by t TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE O STERN	R PRINT)	22e. ADDRESS 4940 Gasts	ru Ave Baltimore Md 21224

23a BURIAL, CREMATION, REMOVAL Burial

23b. DATE 8/1/87

23¢ NAME OF CEMETERY OR CREMATORY Baltimore Cemetery |

23d LOCATION CITY OR TOWN Baltimore BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

C. March F/H West 4300 Wabash Avenue

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MARYLAND 21201	
, BALTIMORE, A	
. PRESTON ST.	*
DS, 201 W	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I	
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V		FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REGALO  O  A  REGALO  O  O  O  O  O  O  O  O  O  O  O  O					
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oge 4 moy rector poge	3 5	EX	B AMONIA DAY YEAR 67 YRS.	PUNDER FILES FUNDER 22 HEL ONTHS DAZE HOURS MAN				
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in 24 hours ly filled in b should be fill er must be n	130	MD 136 COUN	BAHO. YES NO 935 N. WASh	ington St 21205				
on old 2	) ]	-letcher	MIDDLE SMITH BLANCHE  MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	LEE				
be exection on ond s. Pages	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	LEWARDRADATES) 238-28-7244 Mrs. Dannie Smith 935 N.	Washington St.				
quires that the decith or signed by the attending the place remove carb to burial, crematian, or niury, or other troumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  (b) Sepsis.  DUE TO, OR AS A CONSEQUENCE OF  (c) Lung Ca E mets (to brain)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	IN IN PART 110				
The low relation. The hos been the hos been ns; permit. If given prior shows ony in	CERTIFICATION	19a DATE OF OPERATION	NO N	WERE FINDINGS USED YING CAUSES OF DEATH?				
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TO HOSPITAL Cretoined by the TO FUNERAL B should be detected with the Store E IMPORTANT; if	230	224 PHYSICIAN'S NAME IN THE CONTROL OF T	1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1234 LOCATION	11				
BP	24	Burial FUNERAL DIRECTOR	7/28/87 BALto. Cemetery BALTO.	RAR'S SIGNATURE				
DHMH - 16 60M 7/84 (VRA 15, 4)		March Funeral	Home Moi E. North Are. JUL 28 1987	widow Rendale				

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

NAME SOL LEVINSON & BROSES INC.
6010 REISTERSTOWN RD BALTIMORE, MD 21215

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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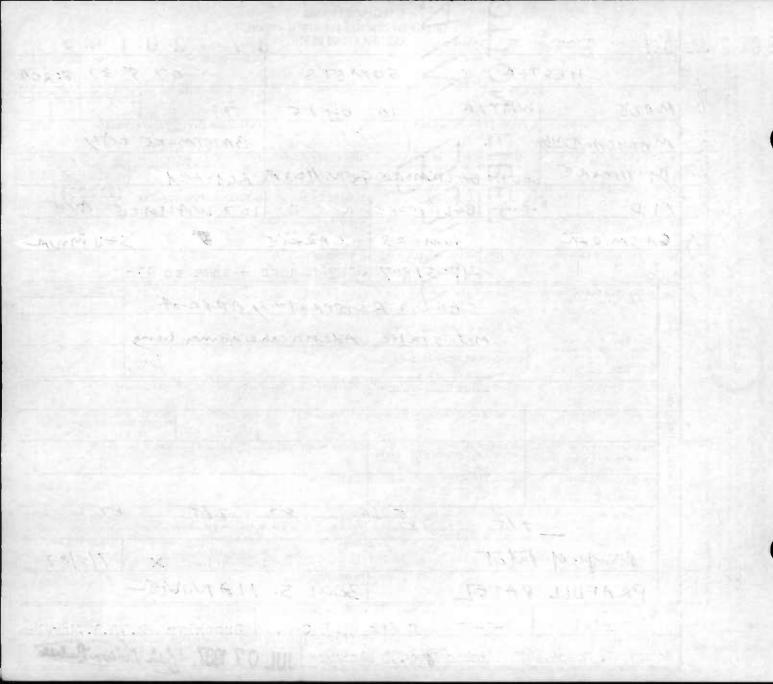
LDE	OF ACED MANE		MIDDLE			KEO. 14			
TYPE	CEASED NAME FIRST E OR PRINT) BEL1		WIDDLE		CODDEN	20 DATE OF DEATH	MONTH	DAY YEAR	1215
				SODDEN		22,	1987	- 23 M	
3. SE	FEMALE		CASIAN	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS MIN.
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	BALT IMORE		HOSPITAL		OR OTHER INSTITUTION	126. USUAL OCCUPATI (TYPE OF WORK FOR MOST C SEAMSTR			OF BUSINESS OR
USU. 13a S	AL RESIDENCE (IF NURSING HOME OF STATE MARYLAND 13b. COU		13c. CITY OR TOWN BALTIMO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3015 ROMA	ZIP COL	CT.,APT.	G(21215
14 FA	ATHER'S NAME FIRST SIMON	MIDDLE	SODDE		15 MOTHER'S MAIDEN NAM	AE MIDDLE	KUOW	LAS	
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	27a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 27b. SIGNATURE	n	7 10 8	,	nd that in (my) (our) apinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAL	E	/	
	22d. PHYSICIAN'S NAME (TYPE OF B)	ORPRINT)	, m-K		22e ADDRESS 11 5/4	ach Av	1		
J	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 7/23/3		MEOFC	EMETERY OR CREMATORY Kidesh Beth I	23d. LOCATION CITY OF LOCATION	tom	COUNTY	A distate
	NAME SOL LE		BROS IN		1215 25a. DATE	RE 2 4 RE 1987 AR	256 98 04	TRAKSSIGNAT	URE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO	. 0			
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061497 AUG	41	TATE REGISTRAR	DE		FICATE OF DEATH	7 REZNO	144
18		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ed y		Isa	iah	Solo	omon Sr.	7/	28/87 5 4 LM
or, pk	3. SE	X	4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge urs o		Male	Black	8	25 34	52 YR	
P P P P P P P P P P P P P P P P P P P	· 7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
deot deot	1	N.C.	USA	WIDOW		Baltimore	MD.
rs ofter filed with		Baltimore City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV The Union Me	emorial F		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Laborer	Allied Bendix
AND 21:	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES 🖔 NO 🗌	130.STREET ADDRESS / ZIP CO	DDE dad St. 21218
MARYL, impletely and 2 sh	14. F.	King Davi	d <sup>MIDDLE</sup> Solomon	ST	15. MOTHER'S MAIDEN NAME FIRST Blanche	ME	Silver
or xecut xecut and confident dical		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	
Page ex	1	NO NO OK UNKNOWN) (IF YES, G	IVE WAR OR DATES)		Blanche Solo	omon Rt. 2 Box	10A. Halifax. N.O
W. PRESTON ST., BALTIMORE, MARYLAND 2120  Stills of the control of executed within 24 hours  y limited in the control of completely filled in by  cernotrol of the control of the filled in the cernotrol of the filled in the cernotrol of the filled in the cernotrol of the control of the cernotrol of the cernol of the cernotrol of the cernotrol of the cernotrol of the cernol of the cernotrol of the cernotrol of the cernotrol of the cernol of the cernol of the cernotrol of the cernotrol of the cern		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	FD RY. 7	(b), ond (c).1	eye - M	I?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o v			DUE TO, OR AS A CON	SEQUENCE OF	0		
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requires the signed by Then plea	NOI	Ca	conditions contribution		NOT RELATED TO THE TERM	linal disease or condition (	GIVEN IN PART 110
NG PHYSICIAN: The low requir of the and the state of the and the servicion.  The low requires the and the state of the and the and the and Mental Hygiene perior to be orked or them 18 shows any injury orked or them 18 shows any injury	CERTIFICATION	7/27/87			ul/3 ml also phys	YES NO   IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN:  og physic certificot rial-trans ental Hyg		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART   ORPART 2)
OLVISION  AG PHYS  after this as the bus th and M  sh and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 6	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII Sepital or ECTOR: A d for use of for use of the oli		220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	- 10 m / pros		nd that in (my) (our) apinion of	death accurred on the date and h	, 19 , that (1) (we) last nour and from the causes stated
the hor the hor to DIRE		22b. SIGNATURE	nu		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 7/28/87
TO HOSPITA retained by TO FUNERA should be de		22d PHYSICIAN'S NAME (TYPE	or PRINT) MEN 21			.m. It	
BP		BURIAL, CREMATION, REMOVA (SPECIFY)Burial	23b. DATE 8/1/87	Allen	Grove Church (	Cen. Halifax	N.C. STATE
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	E 41 1101 7 AN	DRESS	25u. DAT	E REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)		Wm. C. March	F/H 1101 E. 1	North Av	e. []]]	31 1007	Timber Q. Lee

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		,	FOR			DEI	PARTMENT	OF HEALTH	AND MENTAL HYC	SIENE			
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	m =		CEASED NAME	FIRST	~~	WIDDLE				20. DATE OF DEATH	MONTH + DA	_	25 HOUR
	Page 4 may be director, page 3 hours after death		Cr	1 857	IGIC	5,	>	OMI	ancs.	1 1 1 1 1 1 1 1 1	07 5	87	8:20A
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	her d	10. CI	TY OR TOWN OF DEAT	TH T					R INSTITUTION	120. USUAL OCCUPAT		126. KIND O	F BUSINESS OR
_	+ + 0 FL/	13	AITIMAR	5	(IF NOT IN S	SUCH FACILITY, GIVI			ni Hasa	TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	1
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0	4 9 5 6				(c)_							<u> </u>	
DIVISION OF VITAL RECORDS, 201	1 1 2	7	PART 2 OTHER SIGN	IFICANT C	ONDITIONS	CONTRIBUTIN	G TO DEATH	BUT NOT RE	LATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	3
0% C	The injuries	CERTIFICATION											
S	To any	8	190 DATE OF OPERATI	ON	19b CON	IDITION FOR V	VHICH OPER	ATION WAS	PERFORMED	20a AUTOPSY?		WERE FINDIN	
<u>ac</u>	has has	Ĕ								YES NOT	YES	NG CAUSES	NO
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	Spite CTO I for of h		abave, (1) (we) (di	d) ( <del>d.d not</del>	View the boo	dy ofter death.	19_0 /_	_, and that ii	(my) (our) opinion	death accurred on the d	ate and hour o	nd from the d	couses stated
100	NR A ho ho iRE ihed ept ept		22b. SIGNATURE					DEGREE				22c DATES	SIGNED
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	Sta Sta		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT			122e Al	DRESS			111-	1
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	5 5 7 8 8		URIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME	OF CEMETER	Y OR CREMATORY	23d. LOCATION			
	BP	,	Burial		7-1	8-87	Ced	ar Hi	ll Cem.	Brookly		Z Z	Maryland
		24. FL	INERAL DIRECTOR		1 , (	0,		12		E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATI	t tRF
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.11	- STATE	RAR			CER	IFICATE OF DEA	ATH &	3 7	REG. NO	0	1 4	ó
JUL	I DECLASED	NAME FIRST		MIDDLE	1 - 1 - 1	LAST		2a. DATE OF	Dec 100	AONTH D	AY YEAR	28 HOUR
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	3. SEX		4 RACE		5. DA	E OF BIRTH		& AGE IN YE			FUNDER 1 YEAR	IF UNDER 24 HRS
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929	To BIRTHPLAC	E I STATE OR FOREIGN	76. CITIZEN OF		JTRY2 8	RIED NEVER MAI		9 BALTIMOR	E CITY OR		OF DEATH	
6	COUNTRY)	MD	U	SA			RCED	Ba1t	imor	e Ci	ty	MD.
thed (	IO. CITY OR TO	OWN OF DEATH	11. NAME OF	HOSPITAL, N		E OR OTHER INSTITU	MOITE	12a USUAL O				F BUSINESS OR
	Bali	imore				Hospital		Homen			Own	Home
o P		NCE   IF NURSING HOME	OR OTHER INSTITUTION		BEFORE ADMISSI			In STREET A	DDDEES /	710 CODE		
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exan	Free	derich		Deich	niller	Lou	isa		MIDDLE	Koch	LAS	•
icol		EASED EVER IN U.S.		16b. SOCIAL	SECURITY NO	. 17. INFORMANT			ADDRES	SS		
medico	(YES, NO OR	UNKNOWN) [IF YES,	GIVE WAR OR DATES)	214 3	30 290	7 Shirl	ey L	. Adam	ns,	Balt	o. Co	., MD
‡	18 CAL	SE OF DEATH (Enter	only one couse pe	r line for (o), (	b), and (c).)						APPROX	IMATE INTERVAL ONSET AND DEATH
*	PAR	I. DEATH WAS CAU	SED BY: ATE CAUSE (o)			day arest	-					
1,5		IMMEDI			3			-18				
9	Condit	ions, if ony, which	(b)_	04 -1	seovence o							
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,0,	PART 2	OTHER SIGNIFICAN	CONDITIONS C					INAL DISEASE	OR COND	ITION GIVE	N IN PART 10	0.
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ony .	SIGN ACC	E OF OPERATION	19b. COND	ITION FOR W	HICH OPERA	ION WAS PERFORM	ED	20a AUTOF	PSY?		WERE FINDIN	
S L	TIFIC	06 127 187	expl	eratory	/ageno	tomy Earl o	I show	YES	NOX	YES	ING CAUSES	OF DEATH?
8 sh	21a. ACC	IDENT WAS UNDERLYING				21c. HOW INJUI	RY OCCUR			IN ITEM TE PA	RT I OR PART 2)	
E	OR CON	RIBUTING CAUSE OF E	CAIN	.M. MONTE	H DAY YE	AR O						
or H	0	URY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION		-1100	CITY OR TOW		COUNTY	STATE
ked	WHILE AT WORK	NOT WHILE	[ AT HOME, ST	REET, FACTORY, O	PFFICE, FARM, ETC	STREET			CITTORTOW	, N	COONIT	STATE
Mor		rtify that ( this has	ottended th	he deceased f	rom 61	24187	19 87		114	, 1	9 \$7	that (I) we last
21 is		the decorated alive ove, (I) (ve) (did)				ond that in (my) ou			on the dot			
E		NATURE	not) view the body	offer deoth.		DEGREE					22c. DATE	
#	-	Paccl 1	omou	h		ATTE	ENDING	MEDICAL DIRECTOR	STAFF		07	14.87
IMPORTANT.	22d. PA	SICIAN'S NAME ITYP	E OR PRINT)			22e. ADDRESS						
ORT		Tarek S	io sno s	a dilyan		TENIER	7	owenta	MAN T	Bird	2120	M MD
¥-	23a. BURIAI	REMATION, REMOVA	AL 23b. DATE		23¢ NAME C	F CEMETERY OR CRE	MATORY	23d, LOCAT	ION			
	(SPECIFY)	rial	7/17/	187		el Cemet		CITY O	RIOWN	ounty	COUNTY	STATE
	24 FUNERAL		1// 1//	0,	DCCII	cr cemet	250 DATI	E REC'D BY RE	GISTRAR 2	Sh REGISTR	AR'S SIGNAT	MD ORE 1
7/84	NAM	H. W	. Jenki	ns, ADD	RESS 21	212	JU	L 161	987	Julia L	raidson.	- Pondana

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

within 24 hours ofter death. Poge

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	STATE REGISTRAR		CERT	IFICATE OF I	DEATH	8 REG. N	10. 2	0 1	01			
	CEASED NAME FIRST	WIDDLE		ŁAST		20 DATE OF DEATH	MONTH D	AT YEAR	26 HOUR			
	ANDR			SPEARS				04 87	7:02			
3 SEX	Female	Black	5 DAT	E OF BIRTH	66	4 AGE (IN YEARS LAST BII		ONTHS DAYS	HOURS MI			
70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT U.S.A.	MAR	RIED NEVER	MARRIED M	Baltimorecity of Baltimore	OR COUNTY					
10. CI	Baltimore			E OR OTHER INS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Unemploy	ION OF WORKING LIFE)	12b. KIND C	F BUSINESS			
13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION GIVE RES	TY OR TOWN	134 INSIDE C		13e STREET ADDRESS	/ ZIP CODE	2120				
	Md.	В	altimore		NO []	26 S. Ex	kter S	St. Ap	t. 5G			
14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'	S MAIDEN NAM	WE		IAS				
	Joseph	Sp	ears	Ros		Marie		Wood	s			
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 50	OCIAL SECURITY NO	. 17. INFORMA	TNI	ADDR	ESS 212	202				
()	YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	4-84-680	NA ROS	emarie	Woods 1			ette			
				y RUS	emaire	WOOds			IMATE INTERVAL			
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  PLETO OR AS A CONSEQUENCE OF											
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	((c)	CONSEQUENCE OF			HEPATITIS		NI INI DADT 1.				
TION												
CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION I	OR WHICH OPERAT	HON WAS PERFO	PRMED	200 AUTOPSY?	WERE FINDING CAUSES	OF DEATH?				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. M	RY IONTH DAY YEA I	AR	JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM TO PAR	RT ( OR PART 2)				
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ	URY TORY, OFFICE FARM, ETC.)	21f LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE			
	22a.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r			, and that in (my)	(our) opinion o	to, to			that (I) (we) li couses stated			
	22b. SIGNATURE	Abhicer	1	DEGREE A	ATTENDING PHYSICIAN [	MEDICAL STA	FF CIAN (V	22¢ DATE	SIGNED			
	V.M. ABHYAN			22e ADDRES	CHII	BCH HOSBI	TAL MO	RE, M	D. 21:			
	BURIAL, CREMATION, REMOVA	23b. DATE 7-10-87		rcemetery or c		23d. LOCATION		COUNTY	Md.			
	uneral director March Funera	1 Fome 1	100 E. N	North A	V G	REO 1987 SISTRA	256 REC 518	MISSISIA	ORE 4			

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	1-	FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO	2 0	4	8
-		OR PRINT) VERTIE	LEE		EARS	2a DATE OF DEATH	rad, HTMOM	VEAR 3	26. HOUR
	3. SEX	emale "	Black	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UN MONTH	DER I YEAR	HOURS MIN.
4	7a BIF	COUNTRY) Md	CITIZEN OF WHAT COUNTRY?	MARRIE		Baltimore city of	ore ci	tis	MD.
)	3	TY OR TOWN OF DEATH	ST Hynes Hospital, Nursi		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		NE KIND OI	F BUSINESS OR
1	13a. S	AL RESIDENCE (IF NURSING HOME OR OT STATE)	HER INSTITUTION GIVE RESIDENCE BEFORE  13. CITY OR TOV  Baltinor	VN	13d INSIDE CITY LIMITS?		ZIP CODE	st:	21229
5	J	erry	DDLE Meridi	th	15. MOTHER'S MAIDEN NAM Bessie	MIDDLE .	X	Poblas	
		VAS DECLASED EVER IN U.S. ARME res, no or unknown) { IF yes. Give v	1227.40.00.0416	-3445	Elmer R.S	pears 9/6	1 Lynha	ust	Street
		Conditions, if any, which gave rise to immediate cause la1, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PRIMARY	TIC F JENCE OF J CAK	ADENOCARCINON RCINOMA OF	GACL BLADE		N PART Iro	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. 4F YES, WE IN CERTIFYING YES		
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTWHILE AT WORK	216. PLACE OF INJURY ADDRESS: A STREET FACTORY, OFFICE	PAY YEAR	216 HOW INJURY OCCURR 216 LOCATION STREET	CITY OR TO		OR PART 2)	STATE
		22a I certify that (I) (this haspita saw the deceased alive on abave, (I) (we) (did) (did nat)	JULY 12 19		nd that in (my) (aur) opinion (	death accurred on the do		d fram the	
		27b. SIGNATURE	Can Cha	Res		MEDICAL STAF	FF	7 -1	2-87
1		BOON P. L	IM, MD		220 ADDRESS ST. A		ALT 1	n)	21229
	23a B	BURIAL, CREMATION, REMOVAL (SPECIFY Burial	23b. DATE 23c.	Balti	more Cametery	Baltimore	co	UNTY	MDIE

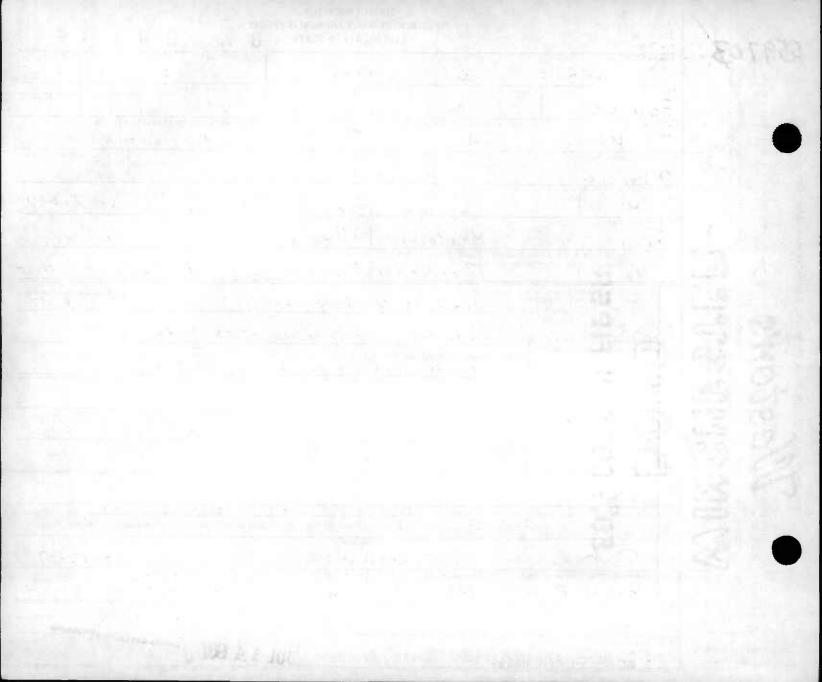
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, IF BY

24 FUNERAL DIRECTOR

Wm. ℃. March F/H West 4300 Wabash Avenue tery Baltimore

250. Date recid. By Registrar 256, Recommon Signature



C1000 ""	h	FOR - STATE REGISTRAR	DEPART	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	B 7 REG. NO.	0 1 4	9
o i na n mr	499	ASED NAME FIRST Raymon	MIDDLE	Spe	ed	20. DATE OF DEATH MON	21 87	26. HOUR
ge 4 mor	3. St	Male	Black	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
nerol dir.		IRTHPLACE (STATE OR FOREIGN 7)	L CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED D	Baltimore city or co	OUNTY OF DEATH	MD.
by the fune filed within	7		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 5685 Purdu	NG HOME O	ROTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Serviceman	PRKING LIFE) 126. KIND OF	BUSINESS OR Army
24 hour filled in toold be f	USU 13a	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 900 Cati	ur Avenue	18
MARYLANI ied within 24 mpletely filli ord 2 shoul	14. F	ATHER'S NAME FIRST  George	Speed		15 MOTHER'S MAIDEN NA. FIRST Annie	ME	LAST	
be executed to non ond comp rs. Poges to of the medical exception of th		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE YES 1943	WAR OR DATES)		17 INFORMANT Margaret M	ADDRESS 1.Ryan 4807		orge Ro
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death derificate be executed within 24 hours in otherding physician and completely filled in by stiff this certificate has been signed by the attending physician and completely filled in by as the bund-strain permit. Then please remove carbon papers Pages, and 2 should be filler than Amental Hypsiene prior to buriof, cremotion, or removal	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU  (b) CONT  DUE TO, OR AS A CONSEOU  (c) CONTRIBUTING TO	PENCE OF A	en scleps	dissase or condition	ON GIVEN IN PART 1(0)	
TALRECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		6. IF YES, WERE FINDING I CERTIFYING CAUSES O YES	
//SION OF VITA S PHYSICIAN. The trending physician physician in this certificate the buriol-tronsit ond Mentol Hygician 18 should be seen item 18 should be seen	MEDICAL CER	216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19	216 HOW INJURY OCCUR! 216 LOCATION STREET	RED {ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)  COUNTY	STATE
hospital or ATTENDO OF ASSETTION OF ASSETTIO		22a.1 certify that this haspite sow the deceased allow a obove (1) well did did not 17h SIGNAVARE		, one	COLL	to Salf Z	and hour and from the co	
TO HOSPITAL Cretorined by the TO FUNERAL DI Should be detect with the Stote De IMPORTANT. If I		224 PHYSICIAN'S NAME (TYPEOR	RIAA. VANIK	/X4 V	ATTENDING PHYSICIAND  220 ADDRESS  Brehms Lane	e Medical C	,	1187
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial			on AME C.C	234 LOCATION CITY OR TOWN EM Sparks	Balto.	Md.
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	uneral director natthan-Harris	FH 1701 MCCu	lloh	Street St. 30	RECD BY REGISTRAR 256.	REGISTRAR'S SIGNATU	RE Condata

BP.

**DHMH - 17** 

(VR A15 ME (5))

07/84 25M

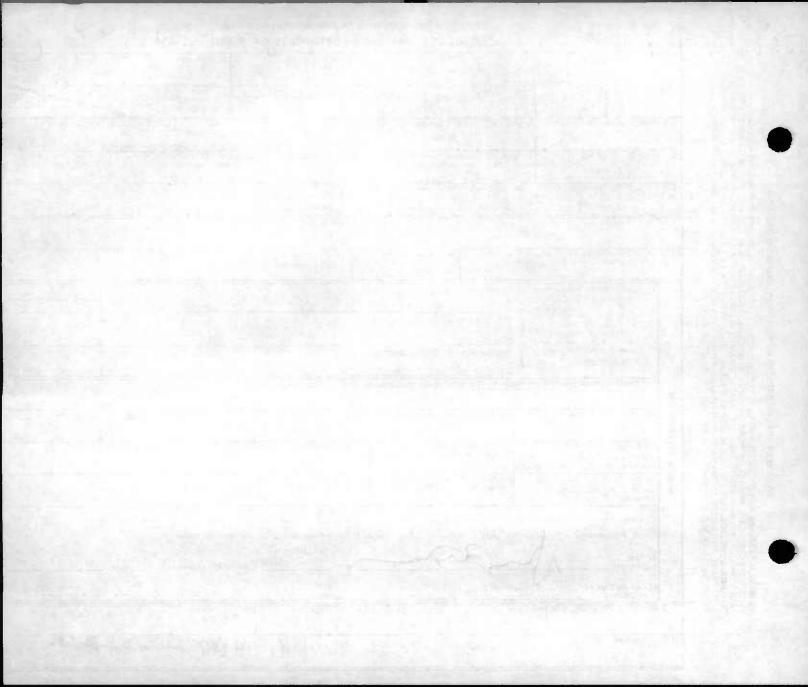
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FOR

## STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCIENE

DEL ANIMENT OF THEATTH AND MENTAL ITTOIENE	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-

	STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICAT	TEOF DEATH	H 2 REG. NO.	1 3	3
	CEASED NAME FIRE OR PRINT)	est	WIDDLE	LAST	, 2a.		MONTH DAY	YEAR 25 HOUR
1111		ILLIAN		SPENCE		OF ESTI-	7 7	1987 M
3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF U	NDER 24 HRS. 2c.	UAIL	MONTH DAY	YEAR 2d. HOUR
	F B	12 22	The state of the s	MONTHS DAYS HOL	URS MIN PRO	DEAD DEAD	7 7	1987 5:05
	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY2	MARRIED   NEVER	MARRIED 9 F	BALTIMORE CITY OR		100
F	RICHMOND, V	A. U.S.A	W	/IDOWED DI	VORCED [	Balti	more C	ity MD
10. C1	TY OR TOWN OF DEATH		PITAL, NURSING HOME, O	R OTHER INSTITUTION		OCCUPATION (TYPE O	FWORK 12b. KIN	ND OF BUSINESS
	Baltimore	1300 E.	Lanvale St.			I REP.	AVC	N
130. S	L RESIDENCE (IF IN NURSING ) TATE 13b C	OUNTY	VE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY EIA	MITS? 13e. STREET	ADDRESS	2/2/	3
_1	1D.		BALTO.	YES N	○□ 1300	E. LANV	ALE ST	1
14, FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S /	MAIDEN NAME	MIDDLE		LAST
	EDWARD		WHITLEY	LII	LLIE		F	BRIGGS
16a. V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY N	O. 17. INFORMAN	T .	ADDRESS		
	NO		217-20-05	34				
	18 CAUSE OF DEATH (En	er only ane cause per line	for (a), (b), and (c).)			No.		PROXIMATE INTERVAL
	PART I DEATH WAS CA	EDIATE CAUSE (o)	Hypertensive	cardiovas	cular dis	ease		
	177071		AS A CONSEQUENCE OF					
	Conditions, if ony, v		TO THE CONTROL OF THE CONTROL OF					
	gave rise to imme							
	cause (a) stating the u	nder- DUE TO, OR	AS A CONSEQUENCE OF					
	lying couse last.	(4)						
	PART 2 OTHER SIGNIFICANT CONO	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE OF CONDITION CIVE	N IN PART 1			
NO				Constitution division	N DY LAKE I IU			
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDII	ION FOR WHICH OPERATI	ON WAS PERFORMED	?		20 A	UTOPSY?
IFK							Y	ES O NO T
E S	210 EXTERNAL CAUSE WA			21c HOW INJURY OCC	CURRED LENTER NATU	IRE OF INJURY IN ITEM 18 PAR		
ALC	UNDERLYING OR		MONTH DAY YEAR					
DIC	21d. INJURY OCCURRED	21e PLACE (	OF INJURY (ATHOME.	II LOCATION			1200	
ME	WHILE NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	STREET	CF	TY OR TOWN	COUNTY	STATE
	AT WORK AT WORK					Friend		
	22a. I certify that I taak	charge of the remains des	cribed abave, held an	Autopsy . Ins	pectian X , I	Inquiry . ond	іл ту оріліол	
-0.5	death resulted from:	Natival couses X	Accident, Suicid	e	Undeterm	ined manner .		
	V SMALL VALV	1		_TITLE (SPEC)	FY)		7/	7.407
	ACTUAL SIGNATURE	1	4	Deputy	Chier	LEXAMINER	DATE //	7/87
	EXAMINER'S NAME	1						
lamph .	(TYPE OR PRINT)	Ann M. Dixo	n, M.D.	ADDRESS1	ll Penn S	treet, Bal	tc. Md.	21201
23a.B	JRIAL, CREMATION, REMOV	AL 236 DATE	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCA CITY OR TO	TION	COUNTY	STATE
	REMOVAL	7-7-87						
24. FI	UNERAL DIRECTOR	ADDRESS		250. [	DATE REC'D BY PE	CISTRAR USE REGIST	PALS SGM	W. S.
		TOMY BOAR	D	J	01 00 13	OI A	ALC: NO	



058835

pletely filled in by the funeral director of 2 should be filed within 72 hours of

# STATE OF MARYLAND

1 -	FOR STATE			DEF			ALTH AND MENTAL HYGI CATE OF DEATH	ENE				
1 00	REGISTRAR	FIRST		AIDDLE	CER	LAS		REG 20. DATE OF DEATH		DAY YEAR	5	,
	CEASED NAME OR PRINT!				ann					DAT TEAR	2b. HOUR	
		EVEL		G.	SPE			JULY 5,		V. 10.000	7:30P M	
3. SEX			4 RACE		M	TE OF	DAY YEAR	6. AGE (IN YEARS LAS		MONTHS DAYS	HOURS MIN.	
	FEMALE		WHITE			ECE	MBER 31,1913	73	YRS			
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8. MAI	RRIED	NEVER MARRIED XX	9 BALTIMORE CIT	_			
	ARYLAND		U.S.A		WIDO	DWED	DIVORCED		ORE CIT		MD.	
	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE	E STREET ADDRESS	)	OTHER INSTITUTION	12a. USUAL OCCUP	ST OF WORKING LIF	E) INDUSTRY	OF BUSINESS OR	
	ALTIMOE  AL RESIDENCE (# NURS	ING HOME OF	ST. AC		HOSPI'			HOUSEKEE	PER .	H	OME	
13o. S	ARYLAND	13P CON		13c. CITY OF		- 11	36 INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE		21228	
	THER'S NAME	DALL	LHOKE	CATO	MOATHT.		5. MOTHER'S MAIDEN NAM		ILI DEN 1	KOAD	21220	
	DAVID		MIDDLE H.	SPE	ENCER	ľ	LAURA	V.		(UNKN		
	VAS DECEASED EVER			16b. SOCIAI	L SECURITY N	O. 1	17 INFORMANT	ADI	DRESS			
N	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-	30-405	5	MRS. EVELYN	N THIELE	CATONS	VILLE,	ROAD MD. 2122	8
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	line lor (o),	(b), and (c)					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PARI I. DEATH W		E CAUSE (o)	Aci	ITE	MY	10CAF71AL	INFARC	T		hr.	
=1			DUE TO, O	R AS A CON	SEOUENCE C	F	11	0		7		
	Conditions, if ony,		( (b)_	15	T DE	62	EE HEART	BLOCK		2	45	
	gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF U. I. D											
	underlying couse	lost.	(c)		12	2	600			2	W ?	
7	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTIN	G TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	0	
CERTIFICATION			Ton comm					T	Ing. IF VEC	WERE EN IN	100	
ICA	19a DATE OF OPERA	IION	196 COND	TION FOR V	VHICH OPERA	MOITA	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?	
RTIF								YES NO		s 🗌	NO 🗌	,
	210. ACCIDENT WAS UND	-	1 21b. TIME O	M. MONT	H DAY YE	AR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF	NJURY IN ITEM 18 P	PART   OR PART 2)		
CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINER	) P.			19						
MEDICAL	21d INJURY OCCURE		21e. PLACE		OFFICE, FARM, ETC		211. LOCATION STREET	CITYO	RIOWN	COUNTY	STATE	
-	AT WORK NOT WH	RK L										
	220.1 certify that (1)		7.				FACH , 19 198	4, to 104	-45	- 1	that (I) (we) lost	
	sow the decease above, (I) (we) (c	ed plive on did) (did no			19 87		that in (my) (our) opinion d	leath accurred on the	dote and hou			
	226. SIGNATURE		NU				EGREE	MEDICAL	TAEE	22c DATE	SIGNED	
60	-Um	new	WHE	erru	un	N	PHYSICIAN	MEDICAL S DIRECTOR PHY	SICIAN [	1	6 /87	
	22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)				22e ADDRESS					
	NORMAN	R. KL	EIMAN	M.D.			3803 EDMON	NDSON AVEN	UE, BALT	TIMORE,	MD. 2122	29
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME (	OF CEA	METERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
В	URIAL		7/8/8	7	DEER	PA			INSTER		MARYLAND	
24 FL	JNERAL DIRECTOR		D- 7 G	***			250. DATE	REC'D. BY REGISTR	AR 25b. REGIST	RAR'S SIGNAT	URE	

LEROY M. & RUSSELL C. WITZKERFUNERAL HOEMS P. A. 1111 7

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, arremoval.

injury, ar other troumatic event, th

IMPORTANT: If Hem 21 is marked ar Item 18 shaws ony

(VRA 15, 4)

The same state of

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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8 4

STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	- 5

1.	FOR STATE	DEPAR		EALTH AND MENTAL HYG	IENE	0 0 1	A 63
87	REGISTRAR	MIDDLE	CERTII	ICATE OF DEATH	8 / REG. NO	914	5 4
TYPE		garet		Spiros.	20 DATE OF DEATH	1 14 87	26. HOUS
3. SE	FEMALE	Caucasian	S. DATE O		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	R IF UNDER A HRS
	RTHPLACE ISTATE OR FOREIGN COUNTRY) Grece	75. CITIZEN OF WHAT COUNTRY U.S.A.	7 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR 84	COUNTY OF DEATH	MD
	altimore	11. NAME OF HOSPITAL, NURS 504 S. Newkirk	ING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWITE		OF BUSINESS OR
13a. S	aryland 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY Baltim	Ore admission) WN Ore	13d. INSIDE CITY LIMITS? YES NO	13. STREEL ADDRESS 504 S. Newk	irk Street	21224
14. FA	THER'S NAME George	Mavri	s	15. MOTHER'S MAIDEN NAM Em <sup>ERS</sup> lia	WIDDLE	Sat	7as
	VAS DECEASED EVER IN U.S. AR yes no or unknown) (If yes, giv No	MED FORCES? 166 SOCIAL SEC 232-07-		George Pappa	s, 2215 Spri Timonium,	nglake Driv Md. 21093	ve
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEO	UENCE OF	usti Da	ith consistry	erchoat tail	Was Interval Was Ign  Was Ign  Was Ign
CERTIFICATION	PART 2 OTHER SIGNIFICANT C Diabete	CONDITIONS CONTRIBUTING TO	DEATH BUT		20a AUTOPSY?	ITION GIVEN IN PART 1 20b. IF YES, WERE FINDI	INGS USED
CERTIF	21a. ACCIDENT WAS UNDERLYING	LIGHT AND MONTH		21¢ HOW INJURY OCCURR	YES NO	YES 🗌	NO []
MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		DAY YEAR	211 LOCATION			
ME	WHILE NOWHILL AT WORK	( AT HOME STREET, FACTORY, OFFICE	, FARM, ETC )	STREET	CITY OR TOWN	N COUNTY	STATE
	saw the deceased alive on above. (I) we juid did no	degree from degree death			death accurred on the date	e and hour and from the	that (I) (we) last couses stated
	12 SIGNASARE TOLLU	ia las Com	) ,	ATTENDING PHYSICIAN	MEDICAL STAFF	an 7/	1/87
	PATRICI	10 Stry Coo	n m	14940	Eastern,	ave Ba	(to, Md
1	URIAL, CREMATION, REMOVAL SPECIFY) Burial	7-17-87 0	ak Law	n Cemetery	Baltimore	Baltimore	Md.
24 A	nn Se Matthews 3021 Eastern A	Matthews Funer ve., Baltimore,	al Hom	1224 JUL	REC'D. BY REGISTRAR I	wha Junder	URE COLOR

#### STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE . STATE 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED Spittel Louis 1919 87 4 RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 5 DATE OF BIRTH 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 11:50 73 Male White 14 June DEAD 191987 a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland USA WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) S B Engineer Koppers & Co. Raltimore Agnes Hospital | STREET ADDRESS | 5506 Rockleigh Drive I STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland Arbutus NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Beck George Spittel, Sr. Anna 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Charles H. Spittel, 3850 Spencer Court Yes WW II 216-03-0052 III. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREM Diabetes mellitus 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes Suicide Hamicide death resulted from: Accident TITLE (SPECIFY) ACTUAL DATE SIGNED. 7-20-87 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn St., Balto. Md. (TYPE OR PRINT) ADDRESS.

07/84

**DHMH - 17** 

(VR A15 ME (5))

Burial 24. FUNERAL DIRECTOR

23g, BURIAL, CREMATION, REMOVAL 23b, DATE

7/22/87

23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

23d. LOCATION Woodlawn

Baltimore

Md.

Hubbard Funeral Home, Inc., 4107 Wilkens AVe.

Pàres Ta dinta file Palakian baran HAMP TO THE PROPERTY OF THE PARTY OF THE PAR FLOXING COLLEGE COLLEGE CALLED CALLED COLLEGE THE COUNTY OF THE PROPERTY OF 

### STATE OF MARYLAND

060372 JUL	12.8	7OR STATE			DEPARTA	NENT OF H	EALTH AND MENTAL HYG	IENE	0 1	5	5
18	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG.			1
n 62		OR PRINT)	IRST.		IDDI E	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	3 HOUR
oge deot			vier		aniel		achura, Sr.			1707	
frer p	3. SE		4. R	ACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONT		HOURS MIN.
oge de l'recto	200	Male		White		Mar.	13, 1945	42	YRS.	75.4711	
Z ho d		RTHPLACE   STATE OF FORE	IGN 76		VHAT COUNTRY?		D X NEVER MARRIED	BALTIMONE CITY C		CI	
death.		aryland	11	USA	OSDITAL NILIDSIN	WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPAT		25 KIND OF	MD. BUSINESS OR
by the filled with the	1 0	ALTIMORE	/_	(IF NOT IN SUCH	FACILITY GIVE STREET			Oirector Da	OF WORKING LIFE)	NDUSTRY	oital
MARYLAND 2120 ed within 24 hours ond 2 should be file exordiner hust be se	130 5		COUNTY A A C		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen But	N	138 INSIDE CITY LIMITS?	13e STREET ADDRESS		e 21	.061
Within within within d 2 sho	14. F.A	THER'S NAME			LAST		15. MOTHER'S MAIDEN NA	ME			
MAR ad wind wind wind wind wind wind wind win	0	John	MIDD	I.E	Stach	ıra	Helen	WIDDLE		Chachu	ılski
		VAS DECEASED EVER IN			166 SOCIAL SECU		17 INFORMANT (Wif	e) ADDR	ESS		
ALTIMORE, be execution and co	-	YES, NO OR UNKNOWN) (II	PYES, GIVE WA	R OR DATES)	215.42.8	3503	Doris M. St.	achura	Same	As #13	3
MITTERS OF STREET		18 CAUSE OF DEATH IE	nter only o	ne couse per	line for (a), 1b), one	dicti				APPROXIMA BETWEEN ON	ATE INTERVAL
The state of the s		PART I. DEATH WAS	CAUSED B'	(	RSPIRA		ARREST				
No of the same		100		DUE TO, OR	AS A CONSEQUE	NCE OF				7	zeka
5 3 6 6 6		Conditions, if any, wl		(b) A	DEND CARC	INOM	A OF THE L	VNG		/ WE	25
入为外		gave rise to immedicouse (a), stating underlying cause		DUE TO, OR	AS A CONSEQUE	NCE OF					
DS, 20 quires signed hen ple to burn fury, or	z	PART 2 OTHER SIGNIFIC	CANT CON		NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	N PART Ito	
80	CERTIFICATION	190 DATE OF OPERATION	N	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. HF YES, WE		
3 1 1 1	4 🖁			-40				YES NO NO	IN CERTIFYING		NO []
VITA N: T Nysici roote roosi Hyg	- E	210 ACCIDENT WAS UNDERLY		21b. TIME OF			21c. HOW INJURY OCCUR		RY IN ITEM 18 PART 1	OR PART 2)	
ON OF V	1 4	OR CONTRIBUTING CAUS		HOUR A.A	a. month da a.	19					
2 1 2 2 . 7	MEDICAL	21d INJURY OCCURRED	1.0	21e. PLACE C		ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
DIVISION OF POINTS After the order of the order marked		22a 1 certify that # (the	is hospital)	ottended the	deceased fram_	6/2	3 19.87			37 the	at # (we) last
TEN TOR TOR of He		saw the deceased of abave, (n (we) (did)	alive on	7/18	10	87.0	nd that in ( <del>( )</del> (aur) apinion	death accurred an the d	ate and haur and	d fram the co	uses stated
OR AT DIREC oched Dept		22h SIGNATURE	7	ew the body	arier deam		DEGREE			22c. DATE SI	1
TAL O by the RAL D detoc tote D		Con	near	ast wo			ATTENDING PHYSICIAN [	MEDICAL STA	EF CIAN 🔀	7/18	18)
Z D W O Z		226 PHYSICIANIS NAME	TYPE OR PR	INT)			22e ADDRESS				
O HOSF troined O FUNI O FUNI With the		FERNAND	0 J.	MERN	SNDEZ		ST. AGNES HO	SPITAL 900 4	FION DUE B	ALTOMOR	EMD212
5 £ 5 ₹ 3 ₹ <del>4</del>		BURIAL, CREMATION, REA	MOVAL 2	36 DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d. LOCATION	ro	DUNTY	STATE
BP		Burial		July 2	2,1987 St	. Sta	nislaus Cemet	ery Dundalk	Bal	timore	Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	B	1/ms	ON ADDRESS			E REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATUR	RE
(VRA 15, 4)		Singleton Fu	meral	Home	Glen Bu	rnie,	Maryalnd	21 197	winder	And They	42

A STATE OF THE STA

X Bulleton

07/84 25M

DHMH / 17 (VR A15 ME (5))

20156

		EASED NAM	NE FIRST		MIDDLE		LAST	0 2	DATE KNOWN X	MOINTH I	DAY YEAR A TO HOUR
		OR PRINT)	Richa	rd Ed	lward	S	tacy	-4	OF ESTI-	-	9/19 87
	3 SEX	_	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHI	DAYI MONT			R. DATE PRONOUNCED	MONTH 7/ 2	DAY YEAR 12 HOUR
1	1	ILE		Nov 10,		rRS.		37 0	DEAD		9/ <sub>19</sub> 87 P M
1	FOR	REIGN COUNTRY)			TAT COUNTRY?	MARR	IED   NEVER MARK	RIED (		-	OFDEATH
-	1	assach		U.S.A.	PITAL, NURSING HOM	WIDOW			Baltimore ALOCCUPATION (TYPE O	-	MD b. KIND OF BUSINESS
3		Balt	imore	Univers	ity Hospita	al	ER INSTITUTION	FOR MC	ost of working life) 11esman		OR INDUSTRY  Jewelery
3	130 ST	TATE	13b COUNTER Hamp	TY	13c. CITY OR TOWN Springfie		13d. INSIDE (ITY LIMITS? YES X NO	13e STREI	Chestnut S	Street	99999
	FA	THER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	WIDDLE		LAST
á	7	Ernes	t	MIDDLE	Stacy		Wilhen	nina	MIDDLE	J	Chompson
5	16a. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS 60 Col	T	01089
2	Ye		JIF TES, GIVE	WAR OR DATES	049-30-70	70	Ernest St	acy (B	ro) West S	ony r	gfield, Ma.
		Condition	IMMEDIA  ans, if any, which ise to immediate is stating the under-	TE CAUSE (a)		OF	tab Wounds	with	Complicati	ons	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ij		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PA	ART I Ial.			
J	NOL										
1	MEDICAL CERTIFICATION	190 DATE O	FÖPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFORMED?			-4	20 AUTOPSY?  YES 🔯 NO 🗆
3	AL CER	LINDEDIVIN	AL CAUSE WAS		MONTH DAY YEA	R			ATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
	DIC	214 INJURY		DEATH 4:56XX	OF INJURY (ATHOME,		ubject sta	bbed			
Ī	ME		NOT WHILE	STREET, FACT	ory. FARM, ETC.) street			grove	St., Balto	. Cit	y, Md. STATE
		22a I cert death result	/	ral causes	Accident S	Marie 1	Homeide X.	Undeter	Inquiry , ond	in my apinio	7/30/87
-		SIGNATURE	un	Je ope	my	M	Assista	MEDIC MEDIC	CAL EXAMINER	SIGNED_	1/30/07
4		EXAMINER'S (TYPE OR PR	NAME DE	nnis F. S	myth, M.D.		ADDRESS1	11 Per	nn St.		
	230.BL	JRIAL, CREMA	TION, REMOVAL 2		23t. NAME OF CE			23d. LOC		**COMPIX	STATE
		Burial		Aug.4, 198	37 Hillcres	st Par			ringfield,		
	24 FU	NERAL DIRE	CTOR	ADDRESS					REGISTRAR 25b. REGIST	RAR'S SIGN	NATURE
	C	apitol	Funeral	Service	Falls Chu	rch.	Virginia A	UD O	1987	1 - 1	

STATE OF MARYLAND

Chunganalna Nov. 10, a 2011 1 5 .A.C. IJ The state of the s Sammer to Harmon Co. - Service in the New York of the Property archied it and phase Transat. Control 7 march 2 service 29 to Cause Vilregials and

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

June 25,191

13d. INSIDE CITY LIMI

15. MOTHER'S MAIDE

Willetta

21c HOW INJURY O

STREET

211 LOCATION

and that in (my) (aur) of

22e. ADDRESS

DEGREE

17 INFORMANT

Elli

MARRIED NEVER MARRIED

YES T

5. DATE OF BIRTH

WIDOWED

Stamper Sr.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

HYG	IENE	0		C	1	
8	REG. N	ð.	*		do	
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	July 15,	1987	7		20 F	м
	6. AGE (IN YEARS LAST BIR		IF UNDE	RIYEAR	IF UNDER 24	_
0	77		MONTHS	DAYS	HOURS /	MIN.
)	77 9 BALTIMORE CITY O	YRS.	V OF DE	ATL		
	S BALTIMORE CITY O	K COUNT	TOFDE	AIN		
	Baltimore					MD.
1	120 USUAL OCCUPATI			KIND O USTRY	F BUSINESS	OR
	Retired					
	LO CYPEET ADDRESS	/ 71D COD	-	) 1	22	2
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V N A		Olibai	u Di	•		_
	WIDDLE			LAST		
3	Stam					
Ro	binson 2557	W. I	omba	ard	St.	
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all	in dish	ens				
1	1	1				_
tool	va een ber	· h'a	15			
- 4	1 1/2					
TERM	INAL DISEASE OR CON	DITION GI	VEN IN F	PART 110		
					i nad	
	200 AUTOPSY?				GS USED OF DEATH?	,
	YES NO		ES 🗌		NO 🗌	
CURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
	CHYONIO	Marie .	(0)	1911	STAT	E
87	-7/	5	1	2		
- 0	10. 1	,	10 0		that (1) (we	
nion d	death occurred on the do	ote and ha	ur and fr	am the	auses state	d

ho After this certificate his as the burial-transit pilth and Mental Hygien ö marked FUNERAL DIRECTOR detached f should be deta with the State [ MPORTANT

CERTIFICATION

MEDICAL

AT WORK

220.1 certify that (1)

226 SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VRA 15, 4)

DHMH - 16 60M 7/84

23b. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 7/18/87

27d PHYSICIAN'S NAME (TYPE OR PRINT)

FIRST

Williams

13h COUNTY

18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBL

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

71n ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

AT WORK

4 RACE

USA

MIDDLE

IMMEDIATE CAUSE (0

(this hospital) attend

saw the deceosed alive or above, (I) (we) (did) (did not) view the bady after death.

Stamper

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

21h. TIME OF INJURY

21e PLACE OF INJURY

D. ALBUERNE,

HOUR A.M. MONTH DAY YEAR

LAT HOME STREET, FACTORY, OFFICE FARM, ETC )

eased from

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Bon Secour Hospital

Baltimore

LAST

166 SOCIAL SECURITY NO 212-10-1741

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Henry

Black

Arbutus Mem. Park

23d LOCATION CITY OF TOWN Arbutus

WESTVIEW MALL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

B.C. Md.

24 FUNERAL DIRECTOR

Burial

Charles A. Rice FSPA 1300 Eutaw Place

lie Tinder Randallo

224 DATE SIGNED

62098 AUG-8

ctor, page 3 ofter death

FOR

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WKIME	I I	VI	HEM	LIII	MIL	WELL	IIA
	CF	RTI	FIC	ATE	OF	DFA	TH

B7	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.2 0		5 %	
I. DE	00.00	ella	MIDDLE	Ste	liner	20. DATE OF DEATH July	MONTH DA 131, 1	987	155 p	
FEMALE 4 RACE WHITE					G. 3, 1900 AR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	RTHPLACE (STATE OR FOR COUNTRY) ARYLAND	FIGN 76 CITIZEN	USA	MARRIED WIDOWE	V V	9. BALTIMORE CITY C BALTIMO			м	
BA	TY OR TOWN OF DEATH	(IFNOT I	NAI HOS	STREET ADDRESS)	R OTHER INSTITUTION	128. USUAL OCCUPATION (1YPE OF BUSIN (1YPE OF BUSIN HOME) INAUSTRYOME				
130. S M	ARYLAND	BALTO.	13c CITY OR BALTO	TOWN	13d. INSIDE CITY LIMITS?	13e.STREED ADDRESS	FMAR <sup>DE</sup> RI	D. #21	207	
1	ENJAMIN	WIDDLE	GROSS LAS	iT .	15. MOTHER'S MAIDEN NA RÖSE	WIDDLE		ROPER		
160. V		U.S. ARMED FORCE IF YES, GIVE WAR OR DATI		SECURITY NO. 38-6887	DR. 3601 CLIFMAR		INER O.,MD		1207	
2	Conditions, it any, v gave rise to imme- cause (a), stating underlying cause	OCAUSED BY:  AMEDIATE CAUSE (control of the control	5) Se O, OR AS A CONS O, OR AS A CONS	PSIS SEQUENCE OF LIFE P	Abdomen	ainal disease or con	DITION GIVE		TAME INTERVAL	
CERTIFICATION	198 DATE OF OPERATIO	DN 19b. CC	ONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES □ NO.		WERE FINDIN		
MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d, INJURY OCCURRED WHILE AL WORK AL WORK	USE OF DEATH HOUR EXAMINER)  21e PLA (AT HOM	ME OF INJURY R A.M. MONTH P.M.  ACE OF INJURY ME, STREET, FACTORY, O	19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		COUNTY	STATE	
	22a.1 certify that (I) (the saw the deceased			. on	d that in (my) (our) opinion		ote and haur o			
	Edwi Edwi	th Bl HE (TYPE OR PRINT) IN BIG	teorg	e ml	PhD ATTENDING PHYSICIAN [	medical standinector physic		17/3 Balt	1/87	
23a. E	BURIAL, CREMATION, RE		2,1987	23¢ NAME OF C	EMETERY OR CREMATORY ORE HEBREW	23d LOCATION RETSTE	RSTOWN	BALTO.	stMD	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather troumatic event, the

MPORTANT: If Hem 21 is marked or Item 18 sho

24 FUNERAL DIRECTORSOL LEVINSON & BROS INC. 6010 REISTERSTOWN RD. BALTO., MD

BALTIMORE HEBREW

21215

256 REGISTRAD SOIGNATURE

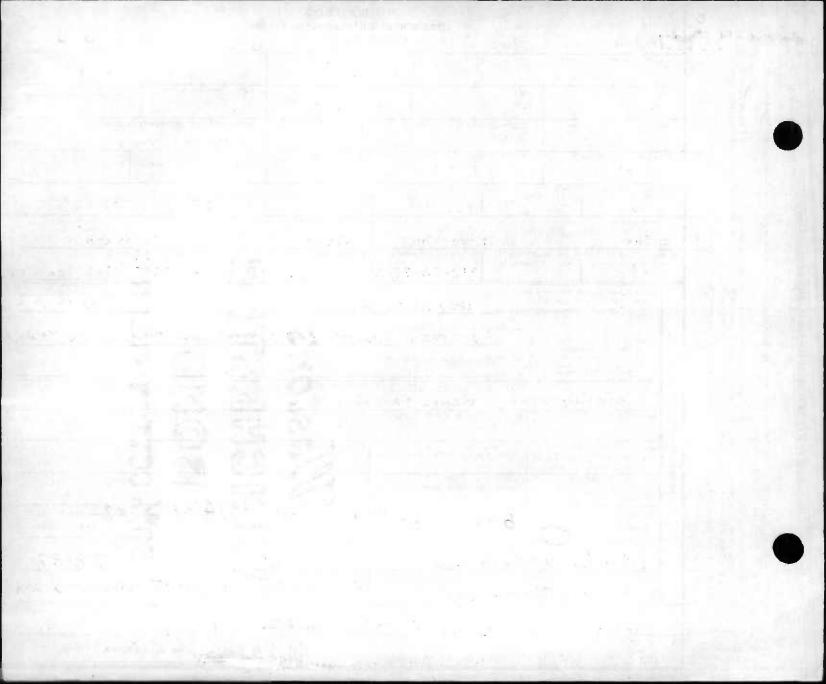
AUG & William & The death

			1						STATE OF MARYLAND					
			L	FOR			DEP	ARTMENT	OF HEALTH AND MENTAL	HYGIE	NE			
00	7 0 0	110	6	STATE EGISTRAR				CE	RTIFICATE OF DEATH		8 REG. NO.	2 (	)	5 9
b U	183	JUL Z	DE	SED NAME	FIRST	A	AIDDLE		LAST	2	DATE OF DEATH MON	ATH DAY	Y YEAR	26 HOUR
	90	In	-	(CREEINT)		Uand			5+0. 1.		7	22	87	415
	you purp	8 10	1.5E	201		Wand	a	Is D	ATE OF BIRTH	6	AGE (IN YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS
	4 9		A. ac	1	7.	1	1.		MONTH DAY YEAR				NIHS DAYS	HOURS MIN.
-	oge J	2		Temale	/		TE		une 26, 1932		55	YRS		
	4 P	E 5 M		IRTHPLACE (STATE OR FOR	EIGN 7b.	CITIZEN OF	WHAT COUN	NTRY? 8	ARRIED   NEVER MARRIED	9	BALTIMORE CITY OR C	OYTRUC	FDEATH	
	leaf ner	14	Was	shington, DO		USA			OWED DIVORCED		Baltimore Ci	ty	"	MD
	er o	1		ITY OR TOWN OF DEATH			HOSPITAL, N		ME OR OTHER INSTITUTION		TYPE OF WORK FOR MOST OF WO	DANIE CONTE	126 KIND OF	F BUSINESS OR
5	s off		Ra	Ltimore	F				Medical Cente		Vaitress	RKING LIFE)	_	r Stable
21.2	-100	9	USU	AL RESIDENCE (IF NURSING	HOME OR OTH	HER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMIS	SION)				-	
9	24 h		1		Baltim		13c. CITY OF	erton	136 INSIDE CITY LIMIT		4317 Ridge		21236	5
5	Oil T			cyland E	altill	lore	rulle	21 (011	15. MOTHER'S MAIDEN			Nu.	21230	,
AK	in it	n-Ro		FIRST	MID		LAS	ST	FIRST		MIDDLE	W T .	IAS1	
<b>X</b>	ped i	1		William	_		bbert			Iva	ADDRESS		ughlin	
O.S.	X Ker	E C		VAS DECEASED EVER IN YES, NO OR UNKNOWN		VAR OR DATES)	166 SOCIAL	SECURITY	11			MD	21208	3
£ /	be e	111		No			219-	28-208	6 Mr. Mark W	V. St	emple 17 D	reher	Ave.	1
BALTIMORE, MARYLAND 2120	ote .	W 0		18 CAUSE OF DEATH	Enter only	ane cause per	line for (a), (	b), and (c)					APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
3	a Pic	1000		PART I. DEATH WAS	MEDIATE (		0	0.0	2:2				1 72	2 hrs
Z	the second	2 4 4					245 4 504	cca id icc	0.5			100		
010	eoth	The Control		Conditions, if any, w	which (	( DUE TO, CA	RASACON:		15on So	Who	ce unk	h ALIL	34	enths
A C	p a	1 0 0		gove rise to immed	diote	(b)						4000		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	± ±	9 0 9		cause (o), stating underlying cause	lost.	DUE TO, OI	RAS PEON	SEQUENCE		nh	alopara		121	100 N
201	£ **	10.0	1	DART 2 OTHER CICALS	ICANIT CO	(c)	- / \		BUT NOT RELATED TO THE	1		7	1010407	7-00-10
'so	Sugar.	o to	Z	PART 2 OTHER SIGNIF	ICANT COL	NUTIONS CC	S I	GIODEAN		1		\	IN PART Ita	,
ŏ	reen	ior t	CERTIFICATION	190 DATE OF OPERATIO	~?n	TIPL CONDI	TION FOR VA	THICH OPEN	ATION WAS PERFORMED	uln	200 AUTOPSY?   20		WERE FINDIN	ICE LISED
REC	law as b	vs or	5	THE DATE OF OPERATIO		170 CONDI	TION TOR W	VIIICH OFER	ATION WAS PERFORMED		A. IN	CERTIFYIN	NG CAUSES	OF DEATH?
Z	The ricion	Shav	Ē			831 7114F O	E BLUIDY		Tat How himsey oc		YES NO	YES {		NO
5	AN: physical	Hygur 18 sh		21a ACCIDENT WAS UNDER	-	HOUR A.	M. MONTH	H DAY	EAR ZIE HOW INJURY OC	CURRED	ENTER NATURE OF INJURY IN	ITEM 18 PART	( OR PART 2)	
5	SICI Gert	100	3	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P./	M.		19				317.7	
0	PHY Phis	d M d	MEDICAL	214 INJURY OCCURRED		21e. PLACE O	OF INJURY	OFFICE FARM F	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
2	offer ter	e os the alth and morked	>	WHILE NOT WHILE AT WORK		TAT TOME, SIN	eti, racromi, c	777 N.C., 7 AMIII, E		. 1				
۵	P P	a alt		22a I certify that (I) (th	is hospital	) attended the	e deceased l	from			, to		, t	that (I) (we) last
	TEN TOR	of H		sow the deceased	alive an			_19	_, and that in (my) (our) opi	inion dec	oth occurred on the date of	and hour o	nd from the c	couses stated
	A AT	D to E		obove, (h (we) (did	(did not) v	view the body	offer deoth.		DEGREE			-	22c. DATE S	SIGNED
	he ho	P De		1,	5	( ,	51		MO ATTENDIN	NG _	MEDICAL STAFF	-		
-81	ITAI by t	State State		22d. PHYSICIAN'S NAM	•)	1		-	PHYSICIA 22e ADDRESS	AN OF	DIRECTOR PHYSICIAN		17-22-	-8/
	HOSPITAL ned by t	A Pe		11 . 3	1	-1	1	-	ZZE ADDRESS	,				
	D HO	should be del with the State IMPORTANT:		N, 17. (	200	elylo	ugh	in	Francis S	Scott	Key Medica	1 Cer	iter	
	F e T	s \$ <u>≤</u>	23a.	BURIAL, CREMATION, RE	MOVAL	23b. DATE	C	23c NAME	OF CEMETERY OR CREMATO	ORY	23d LOCATION		CUNTY	STATE
	BP			Crematio	on	7-23-8	37	West	view Crematory	7	Catonsville	Bal	Ltimore	
	HANH 14	60M 7/84	24 F	UNERAL DIRECTOR LOT				1 Dire	ctors, Inc 250		EC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNATU	JRE
-		15, 4)		728 Liberty						40	14 198/	Come ,	and a	Parlace.

8728 Liberty Rd. Randallstown, MD

401.24 ES

5952		10	FOR  3-STATE  REGISTRAR  CEASED NAME  FIRST	DEPART	MENT OF F	E OF MARYLAND REALTH AND MENTAL HYG ICATE OF DEATH AST	8 / REG. N	2 Ü	1 6	O DIE HOUR
9	page 3 er death		CHARLIE	5	TEVEN	SON	94. F	7 5	87	M
ge 4 may	ector. po	3. SE)	MALE	1 RACE BLACK	5. DATE (		6. AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	
deoth. Po	funeral di thin 72 had	(	S.C.	USA	MARRIE		Baltimore city of Baltimore	City		MD.
201 rs ofter o	by the	F	airfield	11. NAME OF HOSPITAL, NURSI (15 NOT W SUCH AS CUTY GIVES TREE	AODRESSI	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C	ION DE WORKING LIFE)	12b. KIND ( INDUSTRY	OF BUSINESS OR
AND 213	filled in nould be	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFO	VN.		13e.STREET ADDRESS 3423 F1	/ ZIP CODE eldlea	Ct.	21225
MARYL,	ompletely and 2 sh exomine	R	THER'S NAME FIRST Ufus	Stevenso		15. MOTHER'S MAIDEN NAME FIRST Alice	MIDOLE		dward	AST
ORE	Pages medica	16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 212-24		17 INFORMANT	ADDR	3423	226 E = 0.1	ldlea Ct,
T., BALTIN	physician and ph		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line for (a), (b), a	nd (c)		tevenson	3423		A HURY
105: 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	i vigned by the otten hen please remove to to be and cereation, quiv, as other travino	NO		DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSTRUCTION	DEATH BUT	NOT RELATED TO THE TERM				10 TEAR
DIVISION OF VITAL RECORDS, 201 PHYSICIAN. The low requires the	has been to be been to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20h IF YES, 1 IN CERTIFYI YES	NG CAUSE	INGS USED S OF DEATH?
I OF VIT	onto Hyg	257.53	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PART 2)	
NOISIVI THE PHYSION	her this but the but t	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
TENDE	TOR A for use of of Health		saw the deceased alive v	pital) atterded the deceased fram  19  10  10  10  10  10  10  10  10  10	3	nd that in (my) (aur) opinion	death accurred on the o	late and haur o		
● 3 × 3	CAL DIRECTOR OF THE PROPERTY O		276. SIGNATURE	uttona		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	CIAN 🗌	7/	8/87
O HOSPI	O FUNERAL hould be deto who fine State		4. CHINT	RISNA MD.			NAVE., B	HTM	OPEN	10.21201
B			BURIAL, CREMATION, REMOVA			iew Cemeter	23d LOCATION CITY OR TOWN		COUNTY	Md.
DHM	H - 16 60M 7/B4 (VRA 15, 4)	24 F	Burial UNERAL DIRECTOR WM C March F/1	AD ORESS		25a. DAT	Baltin	ASS REGISTRA	AR'S CIBNA	



0178 JUL	22 FOR Milto		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0 7 0	161
u 7€ 1	INDECEASED NAME FIRST	n P. Stivers	LAST PTCHE 22 C	REG. NO  20 DATE OF DEATH MONTH DA	15
o M	Milt 3. SEX	4. RACE	SILVERS 15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
4 1	Male	Caucasian	MONTH DAY YEAR 7/22/13	73 YRS. MC	ONTHS DAYS HOURS MIN.
Pogo Taranta	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY C	OF DEATH
death and the state of the stat	Penna	USA	WIDOWED DIVORCED	Baltimore Cit	
offer of the control	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ( ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
Dours o	Baltimore SUAL RESIDENCE (IF NURSING HOME OF	Good Samari		Electrician	Western Elec
in 24 ha	Md. I36 COU	13c CITY OR TOV Baltim	ore YES XX NO	13e STREET ADDRESS / ZIP CODE 4909 Wright Av	re, 21205
mplete on 2 exomin	14 FATHER'S NAME FIRST Elnat	hah Stivers	15. MOTHER'S MAIDEN NA ATRENES	"L'acy	LAST
n ond c	160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		ADDRESS	21206
ficate be e physician o popers. Pa noval.	NO	189-03  Ny ane cause per line far (a), (b), and (b) BY:	-2800 Noel T. S	tivers,Son,3812	Overlea Ave
equires that the death	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b) Heart Due to, or as a conseque (c) CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVE	N IN PART Ito
The law riction.  te has bee ssit permit. giene prior	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
phys phys phys ol Hy ol Hy	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2}
ING PHYSIC r attending After this cer as the burio is the d Ment iorked or iter	ORCONTRIBUTING CAUSE OF DE CAU	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN spital or TTOR: Al for use of theolit	sow the deceased alive or	ital) attended the deceased from	and that in (my) (aur) apinion	death accurred on the date and hour of	9 8 7 , that (I) (we) last and from the causes stated
HOSPITAL OR A FUNERAL DIRECTOR AND THE HOND HOND HOND HOND HOND HOND HOND HOND	226. SIGNATURE  About  226. PHYSICIAN'S NAME LIVER	awelll	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be deta with the Store	SALIM A	BOU JAOUD	E THE GO		DON MATI
BP	23a. 8URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Gardens of Fait		COUNTY STATE
DHMH - 16 60M 7/84	Burial 24 FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	SCHIMUNEK FUN	IERAL HOME, Bal	1 1 1 1 1 1 1	201987	adam Pudace

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR " REGIN DECEASED NAME 20. DATE 2b. HOUR OF 1 3 3 5 2 JUL 30 87 DEATH MATED E. 7-25-8719 TRENE STOKES 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED FUNERAL DIR 5 FOR YOUR D. WITHIN 72 24 19 67 DEAD 7-25-8710 8:04R 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED XX FOREIGN COUNTRY U.S.A. DIVORCED WIDOWED Baltimore City ELLED V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) **OR INDUSTRY** (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RETIRED 2122 N. Wolfe Street NURSE Battimore 130 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MD BALTO 2122 N. WOLFE STREET 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WIDDLE MIDDLE AL"BERT SULLIVAN STOKES ., BALTIMORE. 17. INFORMANT USED AS A BURIAL -TRANSIT PRAMIT, PAGESI OF HEALTH AND MENTAL HYGIENE, DIVISION RALL, CREMATION, OR REMOVAL 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-12-1969A STOKES 2122 N WOLFF ST CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTON ST Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO EUNERAL DIRECTOR: PAGE 3 SHOULD BE US! AFTER DEATH WITH THE STATE DEPARMENT OF BALJIMORE, MARYLAND, 21201 PRIOR TO BURIA YES [] NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) 7-29-87 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY STATE BURIAL 7/29/87 MD NAT'L MEM. PARK LAUREL MD 07/84 BP 25M 24 FUNERAL DIRECTOR 25a. DATE REC' BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson Randalle **DHMH - 17** 1101 E. NORTH AVE. WM. C. MARCH F/H (VR A15 ME (5))

PON COLLON LIGHT

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completely filled in by the funeral director page 3. I and 2 should be filed within 72 hours after death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

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	REGISTRAR			CEICLII	ICATE OF DEATH	REG. N	VO.		
	CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
F	Baltimore	SI			L	Inspector			1 Servi
ksUA	AL RESIDENCE (IF NURSING HOME)		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COI	2122	
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{ Y		GIVE WAR OR DATES)	216.44.6	670	Doris J. Col				id. 2103
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IFICATIO	198 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	'ES, WERE FINDI	S OF DEATH?
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AL CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ( ) CAUSE OF	21b. TIME C	DF INJURY .M. MONTH DA	AY YEAR		YES NO	IN CERT	TIFYING CAUSES	S OF DEATH?
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WEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE ETHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE AT WORK AT WORK 22g. I certify that (1) (his head of the course of the cour	DEATH HOUR A NINER)  21b. TIME C HOUR A HOUR A P PE OR PRINT)  PE OR PRINT)  AL 23b. DATE	OF INJURY  .M. MONTH DA  .M.  OF INJURY REEL FACTORY, OFFICE, F./  the deceosed from  2 ofter death.  19 2	AY YEAR 19 ARM.ETC)	211. HOW INJURY OCCURION 211 LOCATION STREET  19 8 + and that is (my) (our) opinion DEGREE ATTENDING PHYSICIAN (our) 22e ADDRESS STARWS SEMETERY OR CREMATORY	VES NOW  RED (ENTER NATURE OF INJ  CITY OR 1  ADDICAL ST.  MEDICAL ST.  MEDICAL PHYS  ADDICATION  CITY OR TOWN	IN CERT	COUNTY	SOF DEATH? NO   STATE  Tha (1) (we) lose e couses stated  E SIGNED  2 - 87
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending phy should be detached for use as the burial-transit permit. Then please remove carboning with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain

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160669 JUL	21,	FOR ATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS 7 2	0 1 6 4
ay be oge 3 deoth		CEASED NAME FIRST W ( L B	SLIR O.	STONE	20. DATE OF DEATH MONTH	14 87 4:35 AM
or. p	3. SE	MALE	4 RACE WHITE	5. DATE OF BIRTH  MONTH DAY  YEAR  APPRIL 18 1908	6. AGE (IN YEARS LAST BIRTHDAY).	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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O HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior MEDRIANT: If them 21 is marked or them 18 shows ony	MEDICAL CERTIFICATION	22d. PHYSICIAN'S NAME (TYPE C	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF 21) view the body ofter death.  OR PRINT)	DAY YEAR 19 211 LOCATION STREET  OM 19 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO IN CER  RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  a death accurred on the date and h  MEDICAL STAFF  DIRECTOR PHYSICIAN	COUNTY STATE  (we) ast nour and from the couses stated  22c DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital ar attending physician completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours offer death

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0 1	1.	FOR STATE REGISTRAR	DEPARTA		TH AND MENTAL HYG TE OF DEATH	IENE   REG. NO	0	6	3
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ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (o), (b), and	d (c).1					MATE INTERVAL
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> ≤		BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c N	NAME OF CEME	TERY OR CREMATORY	23d LOCATION	¢.	OUNTY CO	STATE
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M 7/84	24 FI	UNERAL DIRECTOR	ADDRESS	0 -	1111	REC'D. BY REGISTRAR	Julia D	SSIGNATU	Pendage
4)	12	VANS CHAPE	LOFI ISMORIE	SHARF	ORD JUL	10 1987	0		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then plasser emove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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negated by the offending physicion and completely filled in by the funeral director, page 3. This please remove carbon papers. Pages 7 and 2 should be filed within 72 hours after death to bur of, cremation, or removal.

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L	FOR - STATE			DEPARTA		HEALTH AND MENTAL HYG	IENE -	0 0	1 6	6
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	DECEASED NAME	FIRST	^	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
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3.	SEX		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
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70	BIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
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10	CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
L	BALTIMORE			PINE HEI		AVENUE	SECRETAR			TH CARE
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Г	18 CAUSE OF DEA	TH (Enter o	nly one couse per	line for (a), (b), and	d (c1.)				BETWEEN	MATE INTERVAL
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П	sow the decea obove, (1) (we)	sed olive or (did) (did no	of Diew the body,	1 19 1	1-,0	nd that in (my) (our) opinion o	leath occurred on the di	ote and hour	and from the	couses stoted
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23	a BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	CREMATION		07/04/	87 BA	LTO.	-WASH. CREMATO	RY LAUREL	P.	G. M.	ARYLAND

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has a should be detached for use as the burial-trangit perwith the State Dept. of Health and Mental Hygiene p

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

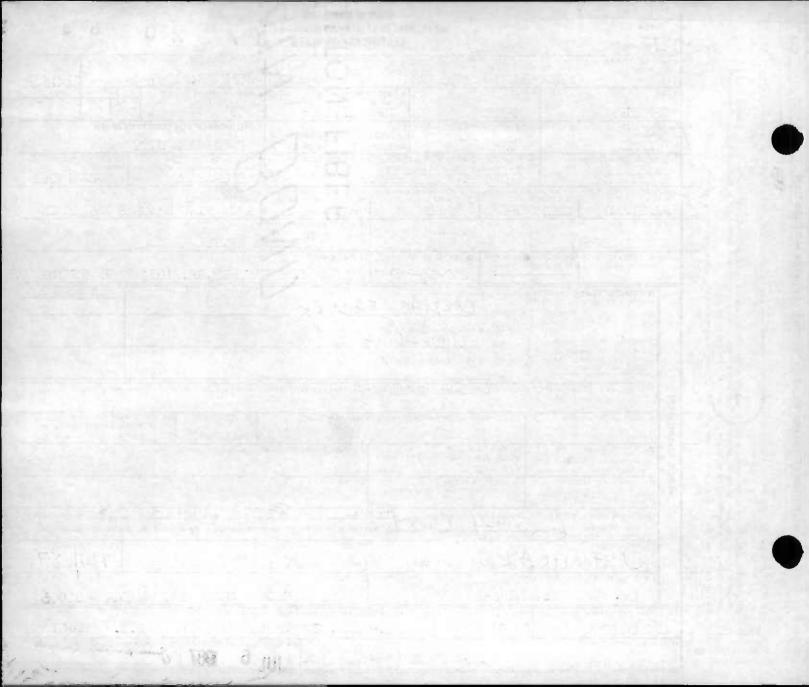
BP.

24 FUNERAL DIRECTOR (VRA 15, 4) AMBROSE FUNERAL HOME

1328 SULPHUR SPRING RD.

1987

MARYLAND 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



ST	ATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

II OF II	EALIN AND MENTAL NIO	IENE	1 6 1
ERTIF	ICATE OF DEATH	8 / REG. NO.	1 0 /
L/	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
54	richland	07	04 87 10:05 PM
	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MONTH	13 08	78 YRS	MONTHS DAYS HOURS MIN.
MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
IDOWE		Bott C	MC
HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
in p	rel Ch		St. Joseph Hos
(SSION)			
		13e.STREET ADDRESS / ZIP CO	
	YES NO 🔀	7865 St. Brid	lget Lane 212
	15. MOTHER'S MAIDEN NAM	WE	LAST
	Moriah	Model	Clark
Y NO.	17. INFORMANT	ADDRESS	CIAIR
06			
	Joan Strick	land 7865 St. E	
4 D			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CEOF	net infection	i	
	Ja rigeerie		
CE OF			
ATH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	FIVEN IN PART 110
ERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED
			TIFYING CAUSES OF DEATH? YES NO NO
YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM?	B PART ( OR PART 2)
17	21L LOCATION		
A, ETC )	STREET	CITY OR TOWN	COUNTY STATE

90 DATE OF OPERATION 19b. CONDITION FOR WHICH O 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL

22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN

sow the deceased alive on\_

22b. SIGNATURE

(SPECIFY)

NAME

REGISTRAR . DECEASED NAME (TYPE OR PRINT)

3. SEX

a. BIRTHPLACE

13a. STATE

CERTIFICATION

MEDICAL

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2

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should be deto with the Stote

morked or

If Item

MPORTANT:

Marvalnd

Maryland

William

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY:

O. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NU

(YES, NO OR UNKNOWN)

No

14 FATHER'S NAME

PRU

13b. COUNTY

Baltimore

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE

IMMEDIATE CAUSE (o

Henry

Female

I STATE OR FOREIGN

4. RACE

White

13c. CITY OR TOWN

Dorsey

DUE TO, OR AS A CONSEQUEN

166 SOCIAL SECURI

214-24-58

Wingy

Dundalk

76. CITIZEN OF WHAT COUNTRY?

USA

SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD

NAME OF HOSPITAL, NURSING

22e ADDRESS

ATTENDING

insmon is 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Baltimore Maryland

DHMH - 16 60M 7/84

BP

7-8-87 Burial 24 FUNERAL DIRECTOR

Parkwood Duda-Ruck Funeral Dume of Dundalk

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

7922 Wise Ave. Dundalk, MD 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME OF ESTI-TYPE OR PRINT 3 TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
D BE FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET, Charles Stringes DEATH MATED 3 SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED B:30 Male Oct. 12,1919 67 YRS 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED New Hampshire U.S.A. DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS U.S. GOV t. Chauffeur Baltimore Francis Scott Key Medical Ctr. USUAL RESIDENCE (IF INMURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 74 Washington St. 13d. INSIDE CITY LIMITS? Middlesex Mass. Somerville YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Stringos MIDDLE Kargianis Olga George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT SomervilAperess Mass. 02143 Drania Stringos, 74 Washington St. Yes 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALT FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - RRANSIT TO FUNERAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYS BAHTMORE, MARYLAND, 21201 PRIJOR TO BURIAL, CREMATION, OR REMOY Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE Inspection X 22a. I certify that I took Autopsy death resulted fram TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7-10-87 EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto. Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Stratford STATE Burial July14.1987 Greek Orthodox Somersworth 24 ROBERT CR. ALTENBURG DRESUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 6009 Harford Rd., Balto., Md.

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Page 4 may director. pa		3. SE	male.	4. RACE Bla	ick	S. DATE OF	BIRTH JYEAR OF 17	6. AGE AR AST	YRS.	IF UNDER 1 YEAR	HOURS MIN.
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the death c			Conditions, if ony, whic gove rise to immediat couse (a), stating th	h (b)_	OR AS A CONSEQUE	nahe	Failure, S	Pephi Show	ck	1	veek
gned by in please buriol, cre	, or or		underlying couse los	(c)_	Sex	ere t	enph Vasa	ulas DISEASE OR CO	e as	EN IN PART 110	t years
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rSICIA ing ph certifi vriol-tr	on mem to be	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED  WHILE NOT WHILE	MINER) HOUR A		Y YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN		COUNTY	STATE
ATTENDING spitol or of CTOR: After I for use os t	2 i is more		220.1 certify that (I) (this sow the deceased on above (I) (yee (did) (did)	e on Jul	415 19	V	then in (my) (our) opinion	to guly death occurred on the	dote and hour		hot (I) (we) lost ouses stoted
0 9 0 0 0			226. SIGNATURE  JANE  22d PHYSICIAN'S NAME (	y Ch	ang	m	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN (2)	guli	100
O HOSPITAL etoined by t TO FUNERAL should be det			Nancy	Chang	,			cis Scott	Key	V	

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 7-19-87 Burial 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

Armeania Bapt. Ch. Cem Chester

COUNTY

S'.C.

March Funeral Homes, Inc.  $11001^{cs}$  E. North Ave.

7 1987 Julia Dender Kanday

202	7 C un 156	7	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR  CERTIFICATE OF DEATH 8 / REG. NO. 2 0 1 7 0
002	and director, page 3 one.	3 SE:	RITHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH OUNTRY)
LAND 21201	24 noors arier be fun ould be fried within must be nonfitted at	USU/ 130 S	WIDOWED DIVORCED DIVORCED 120 USUAL OCCUPATION 125 KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  ON THE PROPERTY OF THE PROPERTY OF TOWN 138 INSIDE CITY LIMITS?  138 STREET ADDRESS / ZIP CODE 139 COUNTY 139 CITY OF TOWN 139 INSIDE CITY LIMITS?  139 OF THE PROPERTY OF THE PROPERTY OF TOWN 139 INSIDE CITY LIMITS?  140 OF DOCUMENT OF THE PROPERTY OF
IMORE, MARYLA	n and completely Pages 1 and 2st Imedical examiner	lón V	THER'S NAME  FIRST  WIDDLE  LAST  FIRST  WIDDLE  LAST  FIRST  FIR
S, 201 W. PRESTON ST., BAL	great the manding physical places of	7	18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS CONSEQUENCE OF  Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  County of the county of
HVISION OF VITAL RECORDS	affacting physician and an area of the standing physician for the standing physician so the backletonist permit The food Mental Hygiene prior to check or then 18 shows gry by	MEDICAL CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  216 PLACE OF INJURY WHILE NOTIFY MEDICAL EXAMINER  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 COUNTY  218 COUNTY  218 COUNTY  218 COUNTY  219 COUNTY  210 AUTOPSY?  210 LIF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO   YES NO  YES N
•	Vital of the Applied		270. I certify that (I) this haspital attended the deceased from 75 19 1, to 720 19 1, that (II colors saw the deceased glive an 1720 19 27, and that in (mx (corropinion death occurred on the date and hour and from the causes stated above (II) (Ve) (did) (did not) view the body after death.  270. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 720/87  271. PHYSICIAN DIRECTOR PHYSICIAN 720/87

231. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

C. Wainwright 2700 Edmondson Ave.

7/24/87

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIE) Burial

Garrison Forest Owinhs Mills Md.

23d LOCATION
CITY OF TOWN
OWINHS Mills Md.
25d DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15SON Ave. 1087

			. 1	/					STAT	E OF MARYLAND					
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-	00		1.6	1 -	STATE REGISTRAR				CERTII	ICATE OF DEATH	H	8 7	21	0   7	/
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	den	fun	7	10 CI	TY OR TOWN OF DEAT	H 11	NAME OF	ACCRITAL NILL	WIDOW	DIVORCE OR OTHER INSTITUTION		USUAL OCCUPATI	ONI	1135 81510	MD OF BUSINESS OR
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	TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death-restificate be executed within 24 front-softer death. Page 4 may be retained by the haspital or attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled up by the human director, page should be detached for use as the burno-transit permit. Then please embye carbohogopets page? I and 2 should be filed with 72 hours after decount his State Deet, of Health and Mental Hydiene prior to burlo, cramation, or removal.	IMPORTANT: If them 21 is marked at Item 18 shaws any injury, or other traumatic event, the medical examiner must be root I at a more
	pro to		_

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

06000/ 0001 JUL

FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

01		CEASED NAME	FIRST	1	MIDDLE	ı	AST		76 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR	2
	(TYPE	E OR PRINT)	NINA		R.	SWET	T		JULY 14	, 1987		7;30	P M
	3. SE:	X		4. RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS		IF UNDER 1 YEA		_	
annie Call		female		black		MONE	11 20° 1938		48	YRS	MONTHS DAY	MOURS	MIN.
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	r? 8.	- M	MARRIED	9 BALTIMORE	ITY OR COUN	TY OF DEATH		
2	l (	COUNTRY) Md		USA		WIDOWE		NORCED	BALTIMO	RE CITY			MD.
-		LTIMORE	DEATH	(IF NOT IN SUC	HOSPITAL, NURS	ET ADORESS)			128 USUAL OCC (TYPE OF WORK FOR		GLIFE) INDUSTR	OF BUSINES Y Katze Huecs	S OR
7	13a. S	AL RESIDENCE (IF P STATE Md	13b. COUI		Baltimo		13d. INSIDE	CITY LIMITS?	13e STREET ADD 2515 V	RESS / ZIP CO			1223
	14. FA	ATHER'S NAME		MIDOLE			15. MOTHER	S MAIDEN NA	ME			1-1-	
0	T	homas		MIDOLE	Camphor	^	Ic	a	MI	DOLE	Wood	dridge	
		WAS DECEASED EN			16b. SOCIAL SEC	CURITY NO.	17 INFORM	ANT		ADDRESS			
	(,	YES, NO OR UNKNOWN	(IF YES, GI	E WAR OR DATES)	219-32-9	9386	Miche	:11e Gra	ly 43 N.	Cather	rine Str	eet	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardis pulmonary arrest								APPRO BETWEE	BETWEEN ONSET AND DEATH		
		Conditions, if a gave rise to cause (a), st underlying ca	immediate ating the iuse last.	(b)	r as a conseo	LE hist		lymph	ma DISEASE OF	CONDITION	EIVEN IN DART	month	<u>ل</u>
0	CERTIFICATION	19a DATE OF OPE				TING TO DEATH BUT NOT RELATED TO THE TERM  OR WHICH OPERATION WAS PERFORMED			20a AUTOPSY		WERE FINDINGS USED		
1	TIFIC								YES NO		ING CAUSES OF DEATH?		
1		21a. ACCIDENT WAS	CAUSE OF OF	HOUR A.	M. MONTH	DAY YEAR				OF INJURY IN ITEM I	8 PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCC				21f LOCATION			CII	COUNTY	COUNTY STATE		
		270.1 certify that (this haspital) attended the deceased from July 11 19.87, to July 14 19.87, that (In (we) bost sow the deceased alive on July 14 19.87, and that (Iny) (aut) opinion death accurred on the date and hour and from the causes stated above (If) (we) (did) (pid not) view the bady after death.											
		226. SIGNATURE  Jum Oltwiair MD  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							22c. DA1	E SIGNED /14/87	<u> </u>		
		22d. PHYSICIAN'S	VUNN		AVIANO	MD	Johns	1 topkins	Hospital	600 N	1. Wolfe	St.	
		SURIAL, CREMATIC				. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO		COUNTY	STA	ATE
		buri		7/21,	/87	Cedar	Hill C	emetery	Anne	Arunde1	Co	MD	
7		UNERAL DIRECTO			ADDRESS				E REC DIBY REGI	STRAR 25b. REG			
	Wm	1. C. Mar	ch F/H	West 43	100 Wabas	sh Avei	nue	1112		7	Danger.	Landence	



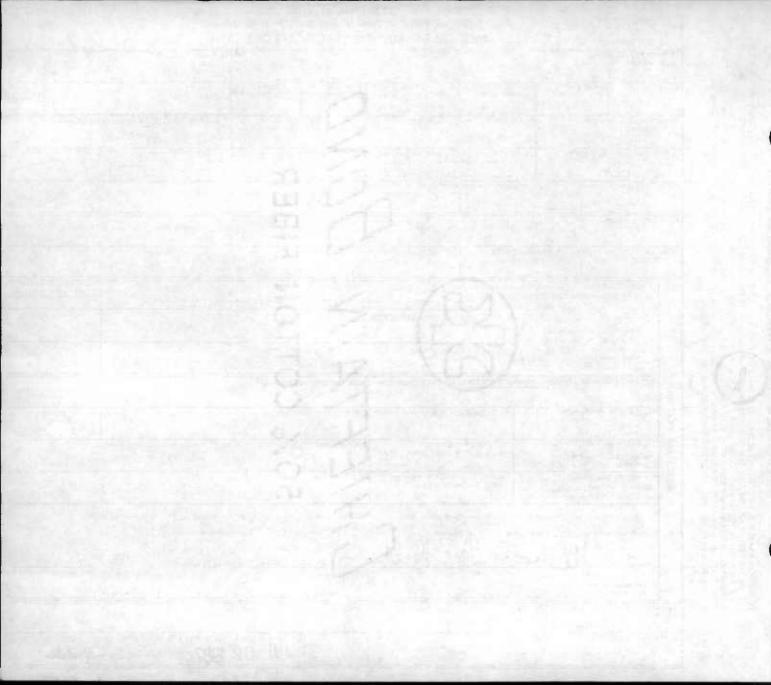
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

### STATE OF MARYLAND

NE 8	REG. NO.	2	0	į	7	4
						_

	ECEASED NAME PE OR PRINT)	FIRST		MIDDLE		(AST			YEAR	2b. HOUR
(1117)	E OR PRINT)	PAULI	NE			ZCZYBOR Scebor)	JULY 21	, 1987		6:05
3. SE	X		4. RACE		S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 2
	Female		White		July		95	YRS		1.00.0
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
	oland			USA	WIDOW	DIVORCED [	Baltimore	4		
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126 KIND ( INDUSTRY	OF BUSINES
	altimore			Church		tal	Seamstres	S		
	AL RESIDENCE (IF NUR STATE	13b COUL		Baltimo	VN	YES NO	13. STREET ADDRESS 147 N. E.	/ ZIP CODE 11wood	Ave. 2	21224
14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LA	1
	Unknown			Wentla		Inknown			Jnknow	n
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL		17 INFORMANT	ADDR			01
	No			212-16-0		Anthony Szc.	4	Trumps		Rd 21
	Conditions, if ony gove rise to im couse (a), state underlying couse	mediate ng the e last.	(b)	r as a consequi	ENCE OF	ARTERY DISEA				
ICATION	gove rise to im couse (a), state underlying couse  PART 2 OTHER SIG	mediate ng the lost.  MIFICANT	DUE TO, O  (c)  CONDITIONS C  ILLATI	R AS A CONSEQUI	DEATH BUT	NOT RELATED TO THE TERM EMBRAOUS COI	NINAL DISEASE OR CON	NARY T	N IN PART 1:	INF E
RTIFICATION	gove rise to im couse (a), stoti underlying cous.  PART 2 OTHER SIG ATRIAL  19a, DATE OF OPERA	mediate ng the e last.  MIFICANT (FIBR	DUE TO, O  (c)  CONDITIONS C  ILLATI  MIR COND	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM EMBRAOUS COI N WAS PERFORMED	LITIS, URI  200 AUTOPSY?  YES \( \text{VX}\)	NARY T	N IN PART 1: PRACT WERE FIND II ING CAUSES	INF E
AL CERTIFICATION	gove rise to im couse (a), stati underlying cous.  PART 2 OTHER SIG ATRIAL  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last.  MIFICANT OF TERM TIOANE  TOTAL STATE OF THE ST	DUE TO, O  CONDITIONS C  ILLATI  MIR COND  21b. TIME C HOUR A	ONTRIBUTING TO ON, PSE ITION FOR WHICH	DEATH BUT POOM!	NOT RELATED TO THE TERM EMBRAOUS COI	LITIS, URI  200 AUTOPSY?  YES \( \text{VX}\)	NARY T	N IN PART 1: PRACT WERE FIND II ING CAUSES	INF'E
	gove rise to im couse (o), stati underlying cous.  PART 2 OTHER SIG ATRIAL  19a DATE OF OPERA  21a. ACCIDENT WAS UN	MIFICANT OF TERMS  FIBRE  TOANE  CAUSE OF DE.  ICAL EXAMINE	DUE TO, O  CONDITIONS C  LILLATI  MIN COND  ATH HOUR A  R)  P.  21e PLACE	ONTRIBUTING TO ONTRIBUTING TO ON PSE ITION FOR WHICH DE INJURY MONTH D. M. OF INJURY	DEATH BUT DEATH OPERATION  AY YEAR 19	NOT RELATED TO THE TERM EMBRAOUS COI  N WAS PERFORMED  216 HOW INJURY OCCURI	AINAL DISEASE OR CON LITIS, URI  200 AUTOPSY?  YES NATIONER NATURE OF INJURE  RED (ENTER NATURE OF INJURE)	NARY T  200. IF YES, IN CERTIFY: YES  JRY IN ITEM 18 PAR	N IN PART 1: PRACT WERE FINDING CAUSES  TI ORPART 2)	INFE
MEDICAL CERTIFICATION	gove rise to im couse (a), stati underlying cous.  PART 2 OTHER SIG ATRIAL  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d. INJURY OCCUR.	MIFICANT OF TERMINATE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE O	DUE TO, O  CONDITIONS C  LILLATI  MIN COND  ATH HOUR A  R)  P.  21e PLACE	ON PSE IT IT IN THE PROPERTY OF THE PROPERTY O	DEATH BUT DEATH OPERATION  AY YEAR 19	NOT RELATED TO THE TERM EMBRAOUS COI IN WAS PERFORMED  216 HOW INJURY OCCURI	LITIS, URI  200 AUTOPSY?  YES \( \text{VX}\)	NARY T  200. IF YES, IN CERTIFY: YES  JRY IN ITEM 18 PAR	N IN PART 1: PRACT WERE FIND II ING CAUSES	INF'E
	gove rise to im couse (a), stati underlying cous.  PART 2 OTHER SIG ATRIAL  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d. INJURY OCCUR  WHILE NOT	mediate ng the e lost.  NIFICANT ( FIBR  VIOANE  CAUSE OF DE. IICAL EXAMINE)  RED  IICAL EXAMINE	DUE TO, O  (c)  CONDITIONS C  ILLATI  MIR COND  21b. TIME C  ATH HOUR A  R)  21e PLACE (AT HOME ST	ONTRIBUTING TO ON PSE ITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE J. THE deceased from	DEATH BUT  EDOM  OPERATIO  AY YEAR  19  FARM, EIC )	NOT RELATED TO THE TERM EMBRAOUS COI  N WAS PERFORMED  216 HOW INJURY OCCURI	AINAL DISEASE OR CON LITIS, URI  200 AUTOPSY?  YES NATION OF INJURE OF INJURE  CITY OR TO  TO TO TO TO TO TO TO TO TO TO TO TO TO T	VARY T  200. IF YES, IN CERTIFY: YES URY IN ITEM 18 PAR	N IN PART 1: PRACT WERE FINDII NIG CAUSES TORPART 2) COUNTY	INF'E
	gove rise to im couse (a), stati underlying cous.  PART 2 OTHER SIG ATRIAL  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d. INJURY OCCUR  WHILE NOT	mediate ng the e lost.  NIFICANT ( FIBR  VIOANE  CAUSE OF DE. IICAL EXAMINE)  RED  IICAL EXAMINE	DUE TO, O  CONDITIONS C  ILLATI  MIP COND  ATH HOUR A  R)  21b. TIME C HOUR A  FR)  21c PLACE (AT HOME ST	ONTRIBUTING TO ON PSE ITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE J. THE deceased from	DEATH BUT  EDOM  OPERATIO  AY YEAR  19  FARM, EIC )	NOT RELATED TO THE TERM EMBRAOUS COI  N WAS PERFORMED  21c HOW INJURY OCCURI 211 LOCATION STREET	AINAL DISEASE OR CON LITIS, URI  200 AUTOPSY?  YES NATION OF INJURE OF INJURE  CITY OR TO  TO TO TO TO TO TO TO TO TO TO TO TO TO T	NARY T  200. IF YES, IN CERTIFY YES  UNY IN ITEM 18 PAR  DOWN  1, 16	N IN PART 1:  TRACT  WERE FINDING CAUSES  TIT ORPART 2)  COUNTY  87  ond from the	INF'E
	PART 2 OTHER SIG ATRIAL  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING CO	INTERCANT OF THE REPORT OF THE	DUE TO, O  CONDITIONS C  LILLATI  MIR COND  21b. TIME C  ATH HOUR A  P  21e PLACE (AT HOME ST  JULY 2  pt) view the body	ONTRIBUTING TO ON PSE IT ON PORT WHICH OF INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, I ofter death.	DEATH BUT  EDOM  OPERATIO  AY YEAR  19  FARM, EIC )	NOT RELATED TO THE TERM EMBRAOUS COI  N WAS PERFORMED  21c HOW INJURY OCCUR!  21l LOCATION STREET  And that in (my) (ut) opinion DEGREE  ATTENDING	AINAL DISEASE OR CON  LITIS, URI  200 AUTOPSY?  YES	NARY T  200. IF YES, IN CERTIFY YES  UNY IN ITEM 18 PAR  DOWN  1, 16	N IN PART 1: PRACT WERE FINDII ING CAUSES COUNTY 87 and from the 22c. DATE	INFE NGS USED OF DEATH NO   that (I) Couses state SIGNED



059356

death certificate be executed within 24 hours after death. Page

Sampletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

the mending physician and commove carbon papers. Pages in all an or removal.

#### STATE OF MARYLAND

-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HY	GIENE REG. 1	NO. 🎮	0		1 4
1	1. DECEASED NAME FIRST	MIDDLE	L/	AST	20. TE OF DEATH	MONTH	BAN Y	AR	2b HOUR
1	(TYPE OR PRINT) DORIS	M.	T	ABELING		7	11 8	7	11:00P M
1	3. SEX	4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY	IF UNDER I		IF UNDER 24 HRS
	FEMALE	WHITE	MONTH 7	3ª 08	79	YRS		DAYS	HOURS MIN.
3	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	□	9. BALTIMORE CITY			ТН	
1	MARYLAND	U.S.A.	WIDOWE	NEVER MARRIED	BALTIM	ORE C	CITY		MD.
2	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LIBERTY MEDICA	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAKER	OF WORKING			F BUSINESS OR
	MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFOR  134. CITY OR TOV  BALTIMO	VN 1	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	3040 Brig	/ zip co hten	Stree	t	21216
100	14 FATHER'S NAME FRANCIS	TABET I	NG	15. MOTHER'S MAIDEN NA LULU	AME		HARR	ING	TON
٦	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDI	RESS		2	1216
1	(YES, MOORUNKNOWN) (IF YES, GIV	217-03-	4052	Francis G.	Tabeling 30	40 Br	ighte		
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	ly one cause per line for (a), (b), or D BY:  E CAUSE (a) Augustus  DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	JENCE OF	alexa de	the Carol	Llau	ah /	13	Clean.
	PART 2 OTHER SIGNIFICANT C	196. CONDITION FOR WHICH			200 AUTOPSY? YES NOT	20b. IF Y	YES, WERE F TIFYING CA	INDIN	IGS USED
1	OR COLUMNIA COLUMN	TH HOUR A.M. MONTH D	AY YEAR	216. HOW INJURY OCCUP				RT 2)	100
	OK CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR I	OWN	COUN	ΤΥ	STATE
	saw the deceased alive an obove (I) (we) (did) (did no	tal) attended the deceased from 19 11 view the bady after death.		d that in (my) aur) apinion	, to yelly and the a	date and h		n the c	
	226. SIGNATURE  Malle R.	nelano	p		MEDICAL STA	AFF ICIAN 🗌	12c.	DATES	SIGNED /3, 198
	22d PHYSICIAN'S NAME (TYPEO Welzant			6100 York					
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory e Park Cem.	23d LOCATION CITY OF TOWN WOOdlawn		altim		
-	Hubbard Funeral	Home, Inc. 4707	Wilke		13 1987	R 25b. REG	STRAR'S SK	PATE	JRE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has should be detached for use on the bumplifronting per with the State Dept. of Health and Mental Hygiene. MFORTANT, If hem 21 is marked or hem 18 shows

TO HOSPITAL OR ATTENDATE OF PERMITS OF

BP.

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLASE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2 0	1	-
REGINO.		

	MIGISTRAR		MED	ICAL EXAMIN	VER 3 CE	KIIFICATE	OF WEAL	RE	G.NO.		
1. DE	CEASED NAA	NE FIRST		WICOTE	LA	sī	20	OF EST		CAY YEAR	26 HOL
	, c OK / Kilvirj	Ire	ne		Talia	ferro	2000	OF ESTI	D 2 7	25 19 8	7
3. SE	Х	4. RACE	5. DATE OF BIRTH	6 AGE (IN YE		ER 1 YR. LIF UNDER			MONTH	DAY YEAR	2d HOL
	emale	Black		1910 77 y	RS.	DAYS HOURS	MIN. PR	DEAD	7	26 19 87	7 11:5
	OREIGN COUNTRY		76. CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARK	RIED 7.	BALTIMORE C	ITY OR COUN	TY OF DEATH	
	irgini		U. S.	Α.	WIDOWE			Ralt:	imore Ci	itv	N
10 C	ITY OR TOWN	OF DEATH		ITAL, NURSING HOM LITY, GIVE STREET ADDRESS)	E, OR OTHER	INSTITUTION		L OCCUPATION	Y (TYPE OF WORK	126. KIND OF B OR INDUS	
Ba	altimor	e City	1000 Mc	Kean Ave.		للقاد الت	Dome	stic		Pvt. Fa	miles
USU. 3a. S	AL RESIDENCE STATE	(IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)	Id. INSIDE CITY LIMITS?	13e STREE	T ADDRESS M	laryland	21217	
	Maryla	nd		Baltimore		YES X NO	1000	McKear	Avenue	, Balti	more,
4.F	ATHER'S NAM	E	WIDDLE	LAST	1	5. MOTHER'S MAID	ENNAME	WIDDLE		LAST	
1	Frank			aliaferro		Chanev		MIDULE		Brown	
	WAS DECEASE	DEVER IN U.S. ARM	NED FORCES?	166. SOCIAL SECURIT	Y NO. 1	INFORMANT M	Γ.	ADI	PRESS Bron	x, N.Y.	1045
	YES, NO, OR UNKN	OWN) (IF YES, GIVE V	VAR OR DATES)	219-30-76		Mae Julia				,	
		DE DEATH (Enter only	y ane cause per line fo		10	ide odile	00010	717 -	10701	APPROXIMA	TE INTERVAL
		EATH WAS CAUSED	BY.							BETWEEN ONS	ET AND DEAT
Н		IMMEDIAT		eriosclero		arglovasc	ular c	11sease			
-	6 (1)	97	DUE TO, OR A	S A CONSEQUENCE	OF						
		ins, if any, which ise to immediate	(b)	N. B. OF THE							
		) stating the <u>under-</u>	DUE TO, OR A	S A CONSEQUENCE	OF						
	lying co	use last.	(6)								
	PART 2 OTNER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE O	R CONDITION GIVEN IN P.	ART 1 an				
Z	PE-L										
IFICATION	19a. DATE O	F OPERATION	196. CONDITIO	ON FOR WHICH OPER	RATION WA	PERFORMED?				20 AUTOPSY	13
FIC										V50 🗖	
CERT	71n EXTERN	AL CAUSE WAS	21b. TIME OF I	NILIDY	Tale HOV	V INJURY OCCURR	ED (ENITED NA	TURE OF BUILDY BUI	TEN 19 BART 1 00 BA	YES L	МОТ
	UNDERLYIN			MONTH DAY YEA		V INJURY OCCURR	ED (EINIEK INK	TORE OF HAJORT HAT	IEM IS PART TORPA	R(12)	
MEDICAL		ING CAUSE OF D		19							
ED	21d. INJURY	OCCURRED	21e PLACE OF		211 LOCA			CITY OR TOWN	co	UNTY	STATE
2	AT WORK	NOT WHILE C		The state of the s	3 - 0			CITT ON TOWIS	CO	OTT	STATE
			1.1					. [7]		h. The	
	1000	,	e of the remains descr		Autapsy	Inspection		Inquiry X,	and in my ap	oinian	
	death resul	ted fram: Nature	al causes XI.	Accident , St	vicide 🔲,	Hamicide .	Undeter	mined manner	□.		
	ACTUAL	11/2.	- 12	. Ul .A.		TITLE (SPECIFY)			0.475		
	SIGNATURE	Tuh	re lur	C Inco	M.D	Assistan	t_MEDIC	AL EXAMINER	DATE	D_7-28-	-87
	EV A A A IN IE DU	0	•								
ell	(TYPE OR PR		rita A. Ko	rell	AI	DORESS 111	Penn S	St. Ba	Ita. Md.	21201	
3a. E	BURIAL, CREMA	ATION, REMOVAL 2	B DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOC	ATION	coul	NTY	CTATE
	SPECIFY) Bu	rial	7/30/1987	Famil	y Lot			caster.		Virgin	iia
24 N			OMES, INC.			25a. DATE				IGNATURE -	
100	NAME C	C-13	ADDRESS .		1 212		ALIC O	5 1097	quita d	morones. K	-

07/84 25M

(VR A15 ME (5))

B

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

AUU U U ISQI

BIT MOTTOR NO

ARE DO SUA

9		FOR Film G630 item	18-22 8/11/0F	STATE C	F MARYLAND LTH AND MENTAL H	YOIENE	
	1-	STATE REGISTRAR		CAL EXAMINER	S CERTIFICATE O		NOA 1 7 R
362 JUL 2	28	CEASED NAME FIRST DOMAIN	1	DDLE	rarallo	29 DATE KNOWN OF ESTI- DEATH MATED	
STATE	3 SEX	4. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN YEARS I	F UNDER T YR. IF UNDER	24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR 8:50
IS NECESSARY, REFUNERAL DIRE RESERVATHIN 72 HOWNTHIN 7	7n B1	ALE Negro RTHPLACE (STATE OR REIGN COUNTRY)	Jan. 15.	L987 YRS. COUNTRY? 8 M	S 5 1 1 ARRIED NEVER MARRI	ED X	6/ 20/ 19 87 P N
P. P	Ma	aryland	U.S.A.	AL, NURSING HOME, OR	DOWED DIVORC		
ELAY II	,	Baltimore	Johns Hop	okins Hospit		FOR MOST OF WORKING LIFE)  Baby	OR INDUSTRY
AND DELAY IS N AND 3 TO THE FU RETAIN PAGE 5, HOUID BI FILED RECORDS, 201 M.	13a. S			sidence before admission) b. CITY OR TOWN  Baltimore	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1915 E.	212 Biddle Street
	14. FA	THER'S NAME Avid Tarallo	MIDDLE	LAST	15. MOTHER'S MAIDE FIRST Set	rena Matthe	last <b>EWS</b>
SOUND /	No.		RMED FORCES?	66. SOCIAL SECURITY NO	. I7. INFORMANT	ADDRE	Same
		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI IMMEDIA	ED BY: ATE CAUSE (a)		Serena M		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
JIED WITHIN IN PENCIL IN EXAMINER A LAL TRANSIT ON OR REMO		Canditions, if any, which gave rise to immediat cause (a) stating the <u>under</u> lying cause last.	(b)	A CONSEQUENCE OF	1		
MEDICAL AS A BUR ALTH AND CREMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).	
A KER	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?  YES ☑ NO □
10865		210. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF	216. TIME OF IN. HOUR A.M. M DEATH P.M.		C HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	
	MEDICAL	21d. INJURY OCCURRED		NJURY (ATHOME, 21)	LOCATION	CITY OR TOWN	COUNTY STATE
TAGE A SHOULD BE TOWN TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2172		/ /	ge at the remains describ	ed obave, held an A	Hamicide	Undetermined manner	and in my apinian  DATE 6/21/87
SE 4 SHO FUNERAL FER DEATH	-03	SIGNATURE	narles P. Ko	okes, M.D.	M.D. ASSISTANT	MEDICAL EXAMINER	SIGNED 0/21/01
673	23a. Bl	URIAL, CREMATION, REMOVAL PECHY)	236. DATE 6/24/87	23c. NAME OF CEMETER		Dorsey, Howa	ord Co. Md. state
DHMH - 17 ( A15 ME (5))	24. FU	UNERAL DIRECTOR NAME Irgee-Henss Fun			25a. DATE F	20 1987.	GISTRAR'S SIGNATURE

us.

## STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTN		ICATE OF	DEATH		REG. NO.			erig de
(TYPE-OR PRINT)	the1	MIDDLE		ron		7-26-	ATH MONTH	م	YÉAR	26. HOUR 0210A
3. SEX FEMALE		ASIAN	5. DATE C	L 12,	190Š	6 AGE (IN YEARS	YR		DAYS	IF UNDER 24 HRS. HOURS MIN.
76 BIRTHPLACE (STATE OR FOR COUNTRY) RUSS IA	U.S.		MARRIE WIDOWE	DX	R MARRIED DIVORCED		more Ci	ty,		М
Baltimore	(IF NOT IN SUC Unic	HOSPITAL, NURSIN HFACILITY, GIVE STREET A ON MEMORIA	al Ho	Spital	ISTITUTION	120 USUAL OCI (TYPE OF WORK FO MERCH	R MOST OF WORKIN		IND O	OF BUSINESS OF
MARYLAND	home or other institution  b. COUNTY	BALTIMO		YES 🗌	CITY LIMITS?	130.STREET ADD 6429 E	RESS ZIP C	ODE R., APT	. Е	(21209)
14. FATHER'S NAME SIMON	MIDDLE	ROTHSTEIN		15. MOTHE	FANNIE		NDDLE	ROT	HST	EIN
(YES, NO PUNKNOWN)	U.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES)	166. SOCIAL SECUI 215-42-		MRS.		T. RIEF	3202 H	ATTON	RD.	21208
PART 2. OTHER SIGNIF	hich (b)_	R AS A CONSEQUE	NCE OF	NOT RELAT	ED TO THE TERM	NNAL DISEASE O	r condition	GIVEN IN P	ART 110	o
190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER	N 196 COND	TION FOR WHICH	OPERATIO				IN CE	YES 🗌	AUSES	NGS USED OF DEATH? NO
OR CONTRIBUTING CAU	SE OF DEATH HOUR A.	M. MONTH DA M.	Y YEAR		N/A	RED (ENTER NATURE	OF INJURY IN ITEM	IS PART I OR P	ART 2)	
AT WORK AT WORK	(AT HOME, ST	EET, FACTORY, OFFICE, FA		211 LOCA STRI	ET		TY OR TOWN	COU	NIY	STATE
22a.1 certify that (1) (the saw the deceased above, (1) (we) (did	alive an <u>TULY</u> (did not) view the body	26 19 8	1014 57.0	nd that in (m	y) (aur) opin <del>i</del> an	death occurred a		have and fro	om the	that (1) (we) las causes stated
22b. SIGNATURE	Tran 1	45		DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN [			6/87
22d. PHYSICIAN'S NAM	ran, M.D.			22e. ADDR		ion Memo	rial Ho	enital	1	
230. BURIAL, CREMATION, RE		23c. N	AME OF C	EMETERY O	R CREMATORY	23d. LOCATIO	N	COUNT		STATE

DHMH - 16 60M 7/84

MPORTANT: IF

(VRA 15, 4)

MARYLAND

BURIAL 7/27/87 HEBREW YOUNG MENS -XWXMXXXX BALTIMORE MA

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

1010 3 1 1987

STATE OF MARYLAND

CONTRACT TAKEN - tale of smooth less on Zeron (Zero) Australia Art of antological or The state of the s and a second of the second of the second TO A TOP A SHAPE AND THE SHAPE OF THE SHAPE I'M AND THE SUPPOSE TATE DOLLAR STATE OF THE CONTRACTOR The real property will be the second property of the second property

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) POTHER NERAL DIRECTOR.
POTHER FOR YOUR FILES.
BETHER WITHIN 72 HOURS OF ESTI-DENISE DEATH MATED TAYLOR 7-29-8719 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH \* DAY YEAR 32 YRS PRONOUNCED B DEAD 54 7-29-8719 . 264 L CITIZEN OF WHAT COUNTRY? a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K FOREIGN COUNTRY U.S.A. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Baltimore 2300 McCulloh Street 1st. fl. rear UNEMPLOYED N/A GUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTO 1824 NORMAL YES X NO AVF 21213 14. FATHER'S NAME 18. GIVE PAGE: WITH FORM PAGE: IIT. PAGES I ALL 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST JOHN TAYLOR BERNICE HAWKINS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) NO 216-68-3664 BERNICE TAYLOR 2300 McCULLOH STRFF 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotqun wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES SZ NO [ 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2:20AM 7-2 UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH subject shot NOT WHILE AT WORK AT WORK residence Baltimore, Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Homicide X death resulted fa Noturol couses TITLE (SPECIFY) ACTUAL Assistant 7-29-87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION MDATE LANDSDOWNE, BURIAL 8/4/87 MT. ZION CEMETERY BP 07/84 25M 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** dia Decider. WM. C. MARCH F/H INC. "TIO1 E. NORTH AVE. (VR A15 ME (5))

STATE OF MARYLAND

E O SUA

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REG. NO.	0	1	8	ć
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DESEASED NAME			CERTIFI	CATE OF DEATH	REG. NO.	4	
A SKINII	FIRST	MIDDLE		AST	7/10/87	DAY YEAR 25. H	OUR
1 1/2	HENRY	EDWARD		YLOR	/ /	//	45
3. SEX	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU	
MALE	WHI	TE	3	31 31	56 YF	RS.	
70 BIRTHPLACE (STATE	OR FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	8	V7	9 BALTIMORE CITY OR COU	NTY OF DEATH	
WEST VIRGI	II AIM	S.A.	WIDOWE	NEVER MARRIED L	BOLTI.	MORE	,
IN CITY OR TOWN OF		OF HOSPITAL NURSIN			120 USUAL OCCUPATION	12b. KIND OF BUS	
BALTIMA		N SUCH FACILITY, GIVE STREET	ADDRESS)		TTPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY	
OHLIIIV	0/2 57	AGNES	HOJ	PHAL	U.S. Army	U.S. Arı	my
13a. STATE	NURSING HOME OR OTHER INSTITU	13c CITY OR TOWI		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE	
Maryland 🗸	Baltimore	Arbutus	235	YES NO 🔼	5623 Selford	Road 212:	27
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			
Floyd		Taylor	_	Alva	MIDDLE	Ceci	1
	VER IN U.S. ARMED FORCE			17 INFORMANT	ADDRESS	CeC1.	
(YES, NO OR UNKNOWN	(IF YES, GIVE WAR OR DATE	ES)	1	Dile r me1	5600 0-36	3 D3 0100	7
YES	[Korea-viet	nam 232-46-	-0612	Rita L. Tayl	or 5623 Selfor	APPROXIMATE II	/
Conditions, if a gove rise to couse to 1, st underlying co	immediate toting the buse lost.	D, OR AS A CONSEQUE  S  CONTRIBUTING TO E		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
	ERATION 196 CC	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS LERTIFYING CAUSES OF D	
			OPERATIO		YES NO NO	RTIFYING CAUSES OF D	
I 19a DATE OF OPE	S UNDERLYING 216. TI	ONDITION FOR WHICH			_ IN CE	RTIFYING CAUSES OF D	EATH?
I 19a DATE OF OPE	S UNDERLYING 216. TI	ME OF INJURY			YES NO NO	RTIFYING CAUSES OF D	EATH?
TION TO STAND 1861 THE CENTRAL OF CONTRIBUTING	S UNDERLYING 21b, TIV CAUSE OF DEATH MEDICAL EXAMINER) 21e, PL.	ME OF INJURY R. A.M. MONTH DA	AY YEAR		YES NO NO	RTIFYING CAUSES OF D	EATH?
POPULATION OF CONTRIBUTING OR	S UNDERLYING 21b. TI/HOUI CAUSE OF DEATH MEDICAL EXAMINER) 21e PL (AT HOD	ME OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY ME. STREET, FACTORY, OFFICE, F.	AY YEAR 19	21c. HOW INJURY OCCURE	YES NO PINCE	RTIFYING CAUSES OF D YES NO A 18 PART I OR PART 2)  COUNTY	STATE
WEDICAL SON THE OF OPE OPE OF OPE OPE OF OPE OP	S UNDERLYING   21b. TI/ HOUL CAUSE OF DEATH MEDICAL EXAMINER) 21e. PL (AT HOA	ME OF INJURY R A.M. MONTH DA P.M.  ACE OF INJURY RE. STREET, FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC)	21c. HOW INJURY OCCURE 211 LOCATION STREET  (0/8), 19 d that in (my) (our) opinion	YES NO PINCE	COUNTY  19  1 hour and from the couse	STATE  It (we) s stotec
The state of the s	S UNDERLYING   The Thirty Course of Death HOUI MEDICAL EXAMINER)  CURRED   The Thirty Course of Thirty Cours	ME OF INJURY R A.M. MONTH DA P.M.  ACE OF INJURY RE. STREET, FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC)	21c. HOW INJURY OCCURE 211 LOCATION STREET	YES NO NO NO ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  To death occurred on the date and	COUNTY  19 22c, DATE SIGN	STATE  It (we) s stoted
19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d. INJURY OCC  WHILE AT WORK  22a.I certify the sow the dec obove, (1) (w) 22b. SIGNATULE	S UNDERLYING   The Thirty Course of Death HOUI MEDICAL EXAMINER)  CURRED   The Thirty Course of Thirty Cours	ME OF INJURY R A.M. MONTH DA P.M.  ACE OF INJURY RE. STREET, FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC)	21c. HOW INJURY OCCURE  211 LOCATION STREET  10 / S.) , 129  Ind that in (my) (our) opinion in DEGREE  ATTENDING	VES NO IN CE  VES NO IN CE  RED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  deoth occurred on the date and  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY  19 22c, DATE SIGN	STATE  It (we) s stoted
The source of th	SUNDERLYING   71b. TI/HOUI  CAUSE OF DEATH MEDICAL EXAMINER)  TURRED   21e PL. (AT HON IT WHILE   1 (I) (this hospito!) ottende (b) (did) (did not) view the lease of the constant of the cons	ME OF INJURY R A.M. MONTH DA P.M.  ACE OF INJURY ME. STREET, FACTORY, OFFICE, F.  od the deceased from 19 8  body after death.	AY YEAR 19 ARM ETC)	21c. HOW INJURY OCCURE 211 LOCATION STREET  (0/5), 199 Id that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	VES NO IN CE  VES NO IN CE  RED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  deoth occurred on the date and  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY  19 7, that (  I hour and Irom the cause	STATE  It (we) s stotec

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIMENTOR. After this certificate has been signed by the ottent should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

ENDING PHYSICIAN: The low

TO HOSPITAL

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

JUL 16 1987 Julia Dander Lades

058821

STATE	OF N	ARYL	AND
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10.5	CTATE	DEPARTA	NENI OF HE	ALTH AND MENTAL HYG	IENE				
	STATE REGISTRAR		CERTIFI	CATE OF DEATH	8 7 REG. NO. 2 0	184			
	CEASED NAME , FIRST	MIDDLE	LAS	ST		AY YEAR 26 HOUR			
(TYP	E OR PRINT)	ADELL	TAI	lan	7.3	3-87 015			
3 SE	FILA	RACE	5. DATE OF	PUIL	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
3 35	^	'ACC	MONTH	DAY YEAR		ONIHS DAYS HOURS MIN.			
	LEMALE !	aucasian	1	12 02	8 S YRS				
70. B	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OR COUNTY	OF DEATH			
	129 INIA	WIT	WIDOWED	DIVORCED [	C/T4- B	ALTO. MD.			
10_C	ITY OR OWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION  1TYPE OF WORK FOR MOST OF, WORKING LIFE	12b. KIND OF BUSINESS OR			
t	SMITIMORE !		MORE !	reveral	HOMEMAKER	Domestic			
	AL RESIDENCE (IF NURSING HOME OR O				La expert approx and con-	Service Control			
130.	STATE 136. COUNT	Y 13, CITY OR TOW	N	YES TO NO T	13e.STREET ADDRESS / ZIP CODE	ST. 2/221			
14. F/	ATHER'S NAME Robert.	Mormon		15. MOTHER'S MAIDEN NAM	ME .	C. 1004			
	FIRST ROBEL UM	Norman LAST		FIRST I 1 A	lie, MIDDLE Branch	Martin			
14- 1	WAS DECEASED EVER IN U.S. ARM	ALLEN ED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	Marchi			
		WAR OR DATES)	1772	17 INFORMAINI	. 1000 . 201 00	ongressional			
	NU -	- X/d -10-7	100	Legora N.	Taylor Stever				
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per luce for (a), (b), and	dici.)	1	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE	L ALIIII A	Duln	nonary Ul	resi				
111		DUE TO, OR AS A CONSEQUE	NCE OF		,				
-	Conditions, if ony, which	( b) Subar	nch	roid He	mornhage				
- 3	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQUE	NCE OF						
	underlying cause last.	1 101 10	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF.						
underlying couse lost. (c) AURINTENSION									
	PART 2. OTHER SIGNIFICANT CO	(c)			INAL DISEASE OR CONDITION GIVE	N IN PART 110			
N O	PART 2. OTHER SIGNIFICANT CO	( (c) INDITIONS <u>CONTRIBUTING TO L</u>			INAL DISEASE OR CONDITION GIVE	N IN PART 1101			
ATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO LE	DEATH BUT N	NOT RELATED TO THE TERM	20a AUTOPSY? , 20b. IF YES,	, WERE FINDINGS USED			
IFICATION			DEATH BUT N	NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YES, IN CERTIFY	, WERE FINDINGS USED (ING CAUSES OF DEATH?			
ERTIFICATION	190 DATE OF OPERATION		DEATH BUT N	NOT RELATED TO THE TERM I WAS PERFORMED	200 AUTOPSY?   20b. IF YES, IN CERTIFY YES   NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?			
A CERTIFICATION		19b CONDITION FOR WHICH	OPERATION	NOT RELATED TO THE TERM I WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURE	200 AUTOPSY?   20b. IF YES, IN CERTIFY YES   NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?			
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED	196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION  AY YEAR  19	NOT RELATED TO THE TERM I WAS PERFORMED	200 AUTOPSY?   20b. IF YES, IN CERTIFY YES   NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. PLACE OF INJURY	OPERATION  AY YEAR  19	WAS PERFORMED  21c. HOW INJURY OCCURR  211. LOCATION	200 AUTOPSY? 200 IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	WERE FINDINGS USED (ING CAUSES OF DEATH? ) NO			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (HE EITHER NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTH WHILE AT WORK  220.1 certify that (1) (this hospital	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19	WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM IS PA	WERE FINDINGS USED (ING CAUSES OF DEATH? ) NO    NO			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IN EITHER NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTH WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19	WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET	200 AUTOPSY? 200 IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	WERE FINDINGS USED (ING CAUSES OF DEATH? ) NO    NO			
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (HE EITHER NOTHER MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  22a.1 certify that (1) (this haspital saw the deceased alive an —	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM EIC.)	WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  3 that in (my) (our) opinion of EGREE	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM IS PA	WERE FINDINGS USED (ING CAUSES OF DEATH? ) NO    NO			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFF MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. 1 certify that (1) (this hospital saw the deceased alive an obove, (1) (we) (did) (did) not)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM EIC.)	WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  4 that in (my) (our) opinion of	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM IS PA	WERE FINDINGS USED (ING CAUSES OF DEATH?    NO			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFF MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. 1 certify that (1) (this hospital saw the deceased alive an obove, (1) (we) (did) (did) not)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM EIC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET 3 that in (my) (our) opinion of EGREE ATTENDING	200 AUTOPSY? YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  10 3 1  death occurred on the date and hour	WERE FINDINGS USED (ING CAUSES OF DEATH?    NO			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFF MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. 1 certify that (1) (this hospital saw the deceased alive an obove, (1) (we) (did) (did) not)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM EIC.)	WAS PERFORMED  21c. HOW INJURY OCCURE  211 LOCATION STREET  4 that in (my) (our) opinion of EGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  10 3 1  death occurred on the date and hour	WERE FINDINGS USED (ING CAUSES OF DEATH?    NO			

231. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the medica

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

6 87

Hanover St.

138. LOCATION

V Balto., A.A. COUNTY

V Balto. Cemeter Co.,

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Ratapsco Ave., Balto., Md.21225 Homes Funeral

23b. DATE

(VRA 15, 4)

retained by the haspital ar ottending physician

TO HOSPITAL

1. Can 1. Sus Eller of the CHERRY OF IMPOUNDING COREST Strange and more stranger and the state of the Sec. 16. 16. 50 19 10/1/2 for bushes & Marila Water I Marala 2001 South Hamover St

(VR A15 ME (5))

STATE OF MARYLAND

059521 J		FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B / REG. NO.2	i 8 6
oy be oge 3 death		DECEASED NAME FIRST	S A	THOMAS	26. DATE OF DEATH MONTH DATE	1 03 1 A
ge 4 moy ector pag	3.	SEX F	1 RACE B	5. DATE OF BIRTH  MONTH DAY YEAR  2 28		UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
death. Pa	UE	BIRTHPLACE (STATE OR FOREIGN COUNTRY) PILOT MT., N.C.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. CITY	MD.
by the fulled with	6	BALTO.	LIBERTY MED	CAL CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SINAI	126 KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
AND 212	E 13	MD 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NITY OR TOWN BALTO	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1615 N. ELLAMO	NT ST. 21216
ompletely ond 2 st	XI.		MIDDLE LAST		ARTHA HATCHER	LAST
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apels. Pages and 2 should be file you. It the medical examiner must be me	160	NO NO N.S. AR	VE WAR OR DATES!	2964 EARL W. THO	MAS 1615 N. E	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAILING PHYSICIAN: The law requires that the death certificate rather chief physician. When the cheming physician she burial-transit permit. Then please remove carbon appears the and Mental Hygiene prior to burial, cremation, or remayal orked or them 18 shows on injury, or other traumatic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	NOTENSION;	EMD ANEMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, 20 ow requires ow requires rmit. Then pl prior to burry to ony injury, 2	7)		ITY PENTENS,	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	CIRROSIS , R	EWAL FAILU
SICIAN: The long physicion. certificate has arial-transit per ental Hygiene gitten 18 shows.	9	OR CONTRIBUTION CALLES OF DE		Y YEAR	YES NO YES	
DING PHYSICIAN: or ottending phys After this certificate e as the Burial-trac olith and Mental Hy manked or tem 18	1	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDO he hospitol or DIRECTOR: A oched for use Dept of Heol		saw the deceased plive ar	ital) attended the deceased from 19 5	DEGREE  ATTENDING PHYSICIAN	deoth occurred on the dote and hour of	nd from the couses stoted
HOSPITAL ounced by the Outline by the Outline by the Outline by the Outline by the PORTANT:		22d. PHYSICIAN'S NAME   TYPE OF	ORPRINTY WORE	777 220 ADDRESS LIBERT		EN SALTY

DHMH - 16 60M 7/84 (VRA 15, 4)

MEUNERAL DIRECTOR
NAME O PYSH

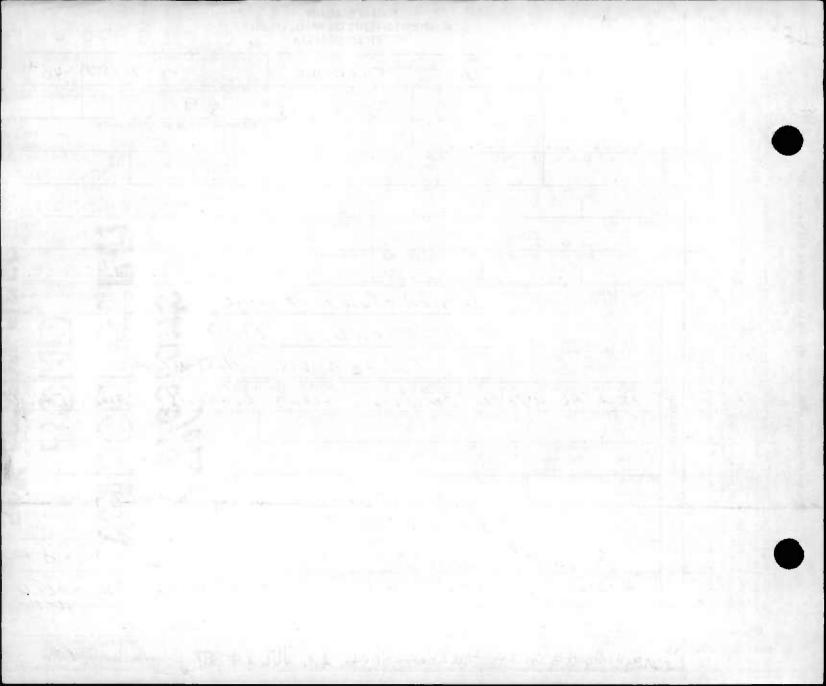
230. BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE

ARBUTUS MEM.

23d. LOCATION
CITED TO . , MD. MD. MD. MD.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physiciar etely filled in by the funeral director page 3 12 should be filed within 72 hours after death

#### STATE OF MARYLAND

NE

DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIE
CE	RTIF	ICATI	OF	DEATH	

A	4 8	REGISTRAR				CENTIL	CAIL OI D		U	REG. NO		20	1	SY -	7
1		EASED NAME	FIRST		MIDDLE	LA	AST		20 DATE OF	DEATH	MONTH	DAY	ARE	2b UR	4
	(TYPE C	OR PRINT)	FAIR		L	TH	OMPSON		48		07	20 8	7	7:0	O M
1	3. SEX			4. RACE	2	5. DATE O		YF AR	6. AGE (INYE	ARS LAST BIRT	HDAY)	MONTHS E	YEAR DAYS	HOURS	4 HRS
١		MALE		В	4	03	14	33	54		YRS.				
d		THPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER M	APPIED TX	9 BALTIMO	RE CITY O	R COUNT	Y OF DEAT	H		
4	C	N.C.		USA		WIDOWE		ORCED D	CIT	(					MD.
	10. CIT	Y OR TOWN OF	DEATH		HOSPITAL, NUI	RSING HOME O	R OTHER INST	ITUTION	12a USUAL C					BUSINES	SOR
		BALTO. C		ST.		HOSPITA	L		NON	3					
	USUA 130. S1		13b COUN		130. CITY OR T	OWN	13d INSIDE C	NO 🗌	13e STREET A	Mohav	ZIP COD	Avenu	e 2	1207	
	I4 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME	WIDDIE			LAST		
1	He	nry		WIDDLE	Thom	oson	Ann			Bell		Ar	net	te	
		AS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMA	NT		ADDRE	55				
	(4)	Yes	N) (IF FES GIVI	WAR OR DATES	245-40	-9674	James	P. Thor	npson	2823	Moha	wk Av	enu	P	
		IR CAUSE OF D	EATH (Enter on	y one couse pe	r line for (a), (b	, and (c).						BET	PPROXIM	NATE INTERV	EATH
		PART I. DEA	TH WAS CAUSE	D BY: E CAUSE (o)		DION	ESPI	POTO	RV .G	RLE	51	-			
			IMMEDIAI						Y					-	
				DUE TO, C	OR AS A CONSE	OUENCE OF									
		Conditions, if		(b)_						-					
		couse (0), underlying (	stating the	DUE TO, C	OR AS A CONSE	OUENCE OF									
				(c)							DITION C	DVEN IN I DA	DT 1		
1	z	PART 2 OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOI RELATED	TO THE TERM	INAL DISEASI	: OK CONI	DITION G	INEIN IIN PA	K1 110		
-	CERTIFICATION	19a DATE OF OF	DERATION	TIBL CONF	DITION FOR WA	TICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED						
1	Ş I	190 DATE OF OF	EKATION	170 COIVE	JIIIOI TOK WI	nerr or ERATIO		W. C.				TIFYING CA	USES	OF DEATH	
	E .			3 011 THAT	OF INJURY		Tale HOW/IN	ILIDY OCCUP	YES NO YES NO			140			
-		OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA	TH HOUR A	A.M. MONTH	DAY YEAR	ZICHOWIN	JOKI OCCOR	KED (ENIERNA	TORE OF INJUR	es livilem to	, rakr i Ok ra	m i z j		
	MEDICAL	21d. INJURY OC		21e PLACE	OF INJURY		211 LOCATIO			CITY OR TO	WN	COUN	ITY	51	ATE
	¥	WHILE AT WORK	OT WHILE	(AT HOME S	TREET, FACTORY, OF	FICE, FARM, ETC.)	31820								
		22a.1 certify th	at (1) (this hospi	tal) attended t	he deceosed fr	om		. 19	, to			. 19		hot (II (w	
		sow the de	eceosed olive an	t) way the had	v ofter death	19, or	nd that in (my)	(our) apinian	death accurre	d on the de	ate and ho	our and fro	m the c	ouses sto	ted
		22b. SIGNATION		I VIEW THE BOO	)		DEGREE					22€.	DATE S	SIGNED	
		- ()		bee	ald ?			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAI					
	1	22d. PHYSICIAN	I'S NAME (TYPE C	PRINT)	1.		22e ADDRES	S							
		OR	ESTE	ES /	MOLD	ES									
			ION, REMOVAL			23c. NAME OF C			23d. LOCA	ATION OR TOWN		COUNTY		51	ATE
	(	SPECIFY) Bui	rial	7/2	5/87	Eastvi	ew Ceme	tery	Bal	or town I timor	re				MD_

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove corban popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
Wm. C. March F/H

FOR - STATE

West 4300 ADDRESS Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

100 100

2

061	8 8	3.7	AUG -	719	ITEM 16B F OR PET FUNETO	1 (1 10	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE	0188
			1	1	REGISTRAR 8-28-87	200	CERTIFICATE OF DEATH	7 REG. NO.*)	0 1 8 9
	e e	24.0	16		CEASED NAME FIRST HALE	WIDDLE	THOMPSON	20 PATE OF DEATH MONTH	SAY E YEAR OZE HOUR
	moy	pod i	X	3 SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE MN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 22 HAS MONTHS DATS HOURS MIN.
	oge 4	recto urs of			MALE	BLACK	01 20 17	70 YRS	
	death. Po	erol d	7/	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)  CAROLINA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
	er de	withir	- B	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
201	rs of	by th	工工	Bo	ltimore	Bre Sl	seen H		CO GENERAL MOTORS
ND 21:	24 hou	illed in		13a.	AL RESIDENCE (IF NURSING HOME OR DITATE 136 COUN			13. STREET ADDRESS / ZIP CO	BALTO, MO. RD. 21229
YLA	uthin	A sho	hine	14. F/	THER'S NAME	MIDDIG IASI	15. MOTHER'S MAIDEN NA		1457
×	ted v	long l			THOMAS	J. THOMPSO		J. C.	WHITE
MORE	execu	Poget	redico		YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECL			KLOW RD. 21229
BALTI	te be	Sicion Ders. F	the T	H	7	ily one couse per line for (o), (b), on		1001 601	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	rtifică	phy o	event				PULTUNAN	4 ARAIS	
PRESTON ST.,	th ce	corbi	notic			DUE TO, OR AS A CONSEQU	ENCE OF		
RESI	e deo	e offe	troun		Conditions, if any, which gove rise to immediate	(b) MRTAS	TATIC GAST	nic CARC	MONA
*	of th	by th	other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
15, 201	vires #	en plec	ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION	SIVEN IN PART 110
RECORDS,	be .	nit. Th	ny inje	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. 4F	YES, WERE FINDINGS USED
I RE	he lay	hos b	ows o	TIFIC				YES NO	TIFYING CAUSES OF DEATH? YES NO NO
VITA	JAN. T	ransi	18 sh	3	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
N O	0 -	rio ce	tem them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
DIVISION OF VITAL	G PHYS!	er this	ked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC ) 211 LOCATION STREET	CITY OR IOWN	COUNTY STATE
۵	Z	R. Aft	s mor			tall attended the deceased from	19_8	7. to 7/28	, 19 , that (II ) lost
	ATTEND ospitol o	010	n 21		saw the deceated alive a above, this (1 I did) (a re-	the body after death.		death occurred on the date and h	
	he he	DIRE	F He	1	SIGNATURE	0	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
	PITAL by t	ERAL be det			#d PHYSICIAN'S NAME (TITLE	Melun-	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	18/81
	HOS	FUNER ould be o	with the		JOHN SA	+AVERS	SIS CADE	PHISADR RE	21090
	To	OP sho	₹	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BP				BURIAL		ebutus mem, par	K BA	LTIMORE, MD,
		1 - 16 60		24	VUTTER FUN	ERAL HOME:	S, INC. 25a. DA	TE REC'D. BY REGISTRAR 256. REG	
	()	VRA 15,	4)	Z	OIGWYNNS FAL	LS PKWY, BALTO, N	10,21216 AUG	05 1987 Julia	Devidson Pardage

161867 AUG-787 FILE CREATE MOVEMENT 4 - TO A L 1 20 05 15 A DETAIL AND AND AND A DATE NAME. materials and the tree and all and the control of t

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

THOMPSON

CERTIFICATE OF DEATH

ZO DATE OF DEATH MONTH	DAY YEAR	Zb. HOUR
JULY 16, 1987		2:32 P
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1 Day yrs.	MONTHS DAYS	HOURS MIN.
9. BALTIMORE CITY OR COUNTY	OF DEATH	
BALTIMORE CI	TY	MI
120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		BUSINESSOR
13e.STREET ADDRESS / ZIP CODE	ley &	DRIVE
ME		
	JULY 16, 1987 6. AGE (IN YEARS LAST BIRTHDAY) PRS. 9. BALTIMORE CITY OR COUNTY BALTIMORE CI 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT	JULY 16, 1987  6. AGE (IN YEARS LAST BIRTHDAY)  9. BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  130. STREET ADDRESS / ZIP CODE

YES [

ZZYUN

NO.F

22 DATE SIGNED

(COX SWITHL

/ REG. NO. 2 0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 200 A DR MED NON

20 BTREGISTRAR

DECEASED NAME (TYPE OR PRINT)

**JEFFREY** 

5. DATE OF BIRTH 3. SEX 4 RACE Male White 76. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR FOREIGN COUNTRY 0 WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH BALTIMORE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL 13d. INSIDE CITY LIMITS? YES T 15. MOTHER'S MAIDEN I 14 FATHER'S NAME 16g WAS DECEASED EVER 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

LEART FALLULE OR AS A CONSEQUENCE OF US IS MITRAL PROUPGITATION Canditians, if any, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CATURTBAILATION CERTIFICATION STARRY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? STENOSUS NOF 71m ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. Cectify that (1) (this hospital) attended the eased Irom. e deceased alive an\_ and that in (my) (aur) opinian death occurred an the dote and hour and from the causes stated N (we) (did) (did nat) view the body after death 22b. SIGNATU DEGREE ATTENDING MEDICAL STAFF ld be deto the State PHYSICIAN DIRECTOR PHYSICIAN PORTANT 23( NAME OF CEMETERY OR CREMATORY

Robert

DHMH - 16 60M 7/B4 (VRA 15, 4)

1110-11-12 Me - Margin Brief We Co - Salar Edward Bern Keepert Lage thought a like the house to be show THE PARTY OF THE P 18 1 f 

injury, or other traumatic event,

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
= STATE - REGISTRAR	CERTIFICATE OF

Law Funeral HOme 4611 Park Heights Ave.

LAND MENTAL HYGIENE DEATH

7EG.1	10.	20		90	
F DE ATH	HTMOM	DAY	YEAR	2b. HOUR	1

	· 19	STATE REGISTRAR			ICATE OF DEATH	8 7EG. N	. 201	90	
2	3 11	EASED NAME FIRST OR PRINT)	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR	
1		Rosie	B. Thompso			7/17/87	- AD 1 755	M	
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DAYS		
1		Female	Black		11/1911	75	YRS.		
7	7a. 8IR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
		S.C.	U.S.A.	WIDOWE		Baltimore	e, Md.	MD.	
1	10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 12b. KIND ( DF WORKING LIFE) INDUSTRY	OF BUSINESS OR	
is		Baltimore	Bon Seco	oure Hos	spital	Retired			
ø	USUA 13a. S	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE NTY	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2/0	45	
3				imore	YES K NO		k Heights	Ave .	
1	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	ME	The State of the S		
3		James Hall	MIDDLE LAS	ST	Carrie	e Giles	LA	AST	
1		AS DECEASED EVER IN U.S. AF		L SECURITY NO.	17 INFORMANT	ADDRE	SS		
1	-0	ES, NO OR UNKNOWN) (IF YES, GIV	0-0-0 579-2	6-3739	Louise Peri	rv 1512 Ar	onleton St		
1	Ť		nly one cause per line for (p1,		Induite reil	-,, 1012 11	APPRO	XIMATE INTERVAL	
		PART I. DEATH WAS CAUSI	ED BY		ferm myoca	hard Cent	JA.	ONSET AND DEATH	
		IMMEDIA	TE CAUSE (o) TIC		(6)	7000			
		Conditions, if any, which (b) Chroning artists Tumpus							
١	93	gove rise to immediate	(b)	C. Truing	- w- y . No.	R 3000			
ı		cause (a), stating the underlying cause last	DUE TO, OR AS A CON	fi .	eluria				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
٩	Z	PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161							
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED	
	FIC					IN CERTIFYING CAUSES OF DEATH?			
Н	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES TO REPART 2)	NO 🗌	
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT		THE TOTAL PROPERTY OF CORRE	TELVIER TALLORE OF MODE	THE TOTAL TOTAL TOTAL TOTAL TO		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION				
	MEE	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOV	WN COUNTY	STATE	
		AT WORK		. (7/. /	10	OV.I.	7 (7		
		220.1 certify that (I) (this hasp sow the deceased alive or	( ) 0 0	, 7 7	nd that in (my) (our) apinion of	teeth prouved on the de		, that (I) (we) lost	
	-57	obove. (1) (we) (did4)(did no	of view the body after deoth.		DEGREE	Jedin occurred on the de		E SIGNED	
	- 1	22b. SIGNATURE	A.		ATTENDING A	MEDICAL STAT	FF n/m	: 3101420	
4		22d. PHYSICIAN'S NAME (TYPE	July 1	>	PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSIC	IAN []	6/19	
		ZZO, PHYSICIAN S NAME (TYPE	OR PRINT)		Could N	7	- 2 21		
		MAG	ne for 9	com	144 /m	· cry &	1 2121		
	23a. B (5	URIAL, CRÉMATION, REMOVAI			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	_	urial	7/23/87	Cedar	H ill Cemet	tery Balt			
	24. FU	NERAL DIRECTOR	ADDR	ESS	25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	Kindall	
	La	w Funeral HC	me 4611 Par	k Heid	hts Ave   JU	L 6 6 1901	4 (1000)		

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

059318 JUL

FOR STATE REGISTRAR

	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	8 /	REG. NO.	2 (	0 1	9 1
WIDDLE	LAST	2a DATE OF D	EATH MO	DNTH DI	AY YEAR	26 HOUR
3	HORNE	07	07	1198	57	107-12/
CK	5. DATE OF BIRTH MONTH DAY YEAR 10/9/1918	6. AGE (IN YEAR		YRS	DNIHS DAYS	IF UNDER 24 HRS HOURS MIN.
F WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE	CITY OR	COUNTY	OF DE ATH	
S.A.	WIDOWED DIVORCED	BALT	) C	TTV		MD.
	HOME OR OTHER INSTITUTION	12a. USUAL OC	CUPATION	7		F BUSINESS OR
ORTH CHAR	LES					
N GIVE RESIDENCE BEFORE AT	DMISSION)  13d. INSIDE CITY LIMITS?	13e.STREET AD	DDESS / 7	ID CODE		
BALTO.	YES V NO	800 N		TAL	TZ IIC	21216
LAST	15. MOTHER'S MAIDEN NA	ME	MIDDLE	N T-44 Tal	LAS	
1.0.000	EVA	THORNE	ADDRESS			
217-12-	8494A EARL S.	THORN			1X 32	
er line for (a), (b), and (		THURIN	<u> </u>			IMATE INTERVAL ONSET AND DEATH
RELURI	CENT VENTS	CYLA	2	ARR	TIMI	ONSET AND DEATH
OR AS A CONSEQUEN	ICE OF GENIC S	hock			- 10	037
OR AS A CONSEQUEN	GESTIVE HE	ART	FAil	unce		
ONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDIT	TION GIVE	N IN PART 10	0
DITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOP			WERE FINDIN	
		YES D	1080	YES	ING CAUSES	NO DO
OF INJURY A.M. MONTH DAY	YEAR 21c HOW INJURY OCCUR	RED (ENTER NATUL	E OF INJURY I	NITEM 18 PAI	RT I OR PART 2)	
P.M.	19					
E OF INJURY STREET, FACTORY, OFFICE, FAR	(2) LOCATION STREET		ITY OR TOWN	,	COUNTY	STATE
the deceosed from C	7 ond that in (my) (our) opinion	deoth occurred	on the date	ond hour		that (i) (we) last

oth 3		OR PRINT) MARY	MIDDLE	THORN	E	07 10	7/19	87	07-12
for, pog	3. SE		4. RACE BLACK	5. DATE OF BIRTH	AY YEAR	6. AGE LIN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Page unerol direc hin 72 hours at ance.	MZ	ARRIOTTSVILLE	76. CITIZEN OF WHAT COUNTRY?	MARRIED   NEV	VER MARRIED X	68 9 BALTO	CITY		MD
by the filled with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IENOT IN SUCH EACILITY, GIVE STREET NORTH CHA	ADDRESS)	INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
y filled in should be termust be	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b COUN MD STHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d. INSI YES	NO			OU ST	21216
d complete	16a V	JESSE TH	MED FORCES? 166 SOCIAL SECU			PHORNE	RESS	LAS	ī
be exercion oncers. Poge	- 1	YES, NO OR UNKNOWN) (1# YES, GIV	A 217-12	-8494A	EARL S.	THORNE I	.O. E	32 32	ATC ANTENNA
g physic sonpope removol.		PART 1. DEATH WAS CAUSE	ly one couse per line for (a), (b), and DBY: E CAUSE (o)RECUR	RENT	VEHISI	CYLAR	- ARM	BETWEEN !	IMATE INTERVAL ONSET AND DEATH
that the death c by the ottendir sose remove cart of, cremation, or r other troumatic	3	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	hock ART FA	rilur		DAT			
requires on signed Then plur in to buri	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
he low an. hos bernit permit iene priciows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	ERFORMED	YES NO	IN CERTIF	S, WERE FINDING CAUSES	
ig physic certificate rial-trans ental Hyg		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		21c. HO	W INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART I OR PART 2)	
ottending of the this of the bull of the b	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	ATION	CITY OR	TOWN	COUNTY	STATE
spitol or spitol or CTOR: A far use of Health in 21 is ma		sow the deceased alive on above, (I) (we) (did) (did no	tol) attended the deceosed from 19 5 to view the body after death.	ond that in	(my)(our) opinion o	to 7	date and hou	r and from the	
by the hove the hove the detached Stote Depth ANT: If her		22b. SIGNATURE	my limo	DEGREE		MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	7187
TO HOSPITAL TO FUNERAL should be def with the Store		122d. PHYSICIAN'S NAME (TYPE O	1. J MD	22e ADI	PALTIM	The MAS	) 21	218	Desci
BP	C	SURIAL, CREMATION, REMOVAL SPECIFY TION	7/9/87 WESTVIEW CREMATORY BALTO., MD.						
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	UNERAL DIRECTOR	4. 4/60 ADDRESS	1:1. H	JUL JUL	1 0 1987	Julia ,	PAR'S SIGNAL	Rodres

heart of the state mentioned the teacher of the many that the teacher of the teacher

07/84

BP **DHMH - 17** 

(VR A15 ME (5))

23c. NAME OF CEMETERY OR CREMATORY RISON FOREST VETERA

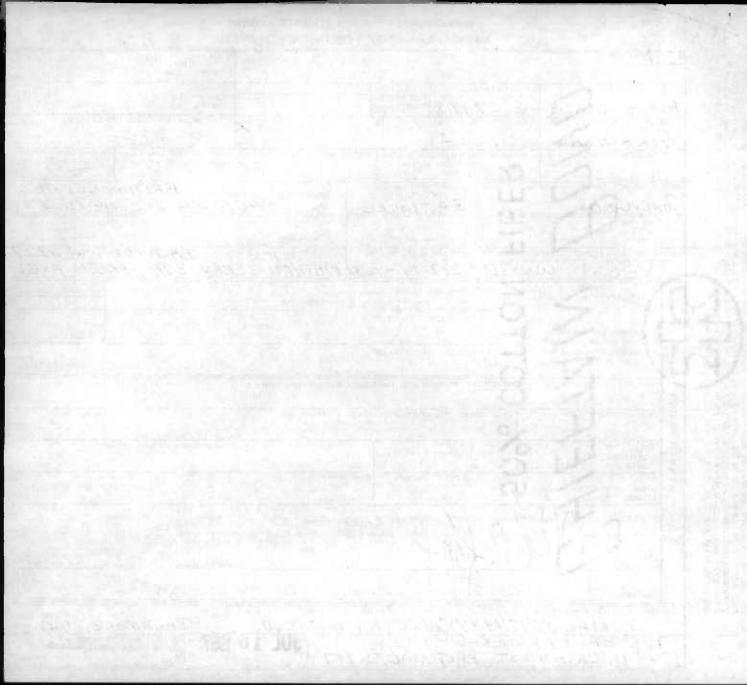
23d. LOCATION

BALTIMORE mo.

24 FUNDIA DIRECTOR ILEV CALHOUN ST. BALTO, MO, 21217

DBY COS RAR 256 REGISTRAR'S SIGNATURE

STATE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	100	REGISTRAR			CERTIF	CATE OF DEATH	REG. N	10.				
-		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAT	Y YEAR	26 HOUR		
1	(TYPE	OR PRINT) INEZ			THO	RNTON	0	7 12	87	11:45 <sup>A</sup>		
	3 SEX	-	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
		FEMALE	B	LACK	4	11, 1913	74	YRS		MIN.		
-	7a BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH			
5	V	TIRGINIA	U. S	5. A.	WIDOWE	DIVORCED [	BALTIN	TORE	CIT	MD.		
N. C.	H CI	TY OR TOWN OF DEATH		HOSPITAL, NURSII H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR		
1	J	SALTIMORE  AL RESIDENCE (IF NURSING HOME OF	CHU	RCH	Home	E HOSP.	Homemi	AKER	24170	Home		
	130. S	ARYLAND 131 COUR	ITY.	13C CITY OR TOV		YES NO	401 E	2	ST. A	PT. 3B		
,700	14 FA	CHARLES	MIDDLE	HIC	6	MOLLIE	BLA	NCHE	HI	166		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT MRS		CTIMO	RE,	mo,		
		NO.		217-22	-2857	RUTH WHIT	€ 2801	WOOL				
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per D BY:	line for (a), (b), or	nd (c)				BETWEEN	ONSET AND DEATH		
		IMMEDIA	TE CAUSE (0)		L.V.A	DIABETES	AND C.H	F	-			
			DUE TO, O	R AS A CONSEQU	JENCE OF							
		Conditions, if any, which gove rise to immediate	(b)_									
		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQU	IENCE OF							
	-	PART 2 OTHER SIGNIFICANT	V IN PART 10	0								
	N O						MINAL DISEASE OR CONDITION GIVEN IN PART I 10					
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	NGS USED S OF DEATH?		
7	TIE				97.50		YES NO	YES		NO 🗆		
5	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM IS PAR	f 1 OR PART 2)			
	S	(IF EITHER NOTIFY MEDICAL EXAMINE	P. P.	м.	19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
		AT WORK AT WORK				10				4		
		22a. I certify that (1) (this hasp		.19_		nd that in (my) (our) apinion d	, to leath accurred on the c			that (1) (we) last		
		the sign of the state of the st	ti view the body	phier althorn.		DEGREE			22c DAV	SIGNED-		
	-	Mungae	u ux	My.		ATTENDING PHYSICIAN	MEDICAL STA	ICIAN	7/1	2/87		
		ZZd. PHYSICIAN NAME THE				22e ADDRESS CHUI	RCH_HOSPI	TAL				
		IMPAGLIATELI				100 N. BI		BALTIN	IORE,	MD.2123		
		BURIAL, CREMATION, REMOVAL	236. DATE	11000 5	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	005	COUNTY	STATE		
	24 84	DUKIAL	1500:	11/0/10	HOIVI	EW MEM, PK	REC'D. BY REGISTRAL		AR'S SIGNAT	TURE		
	70	TO GUVNAIS E	ALLS AK	WV BAL	-,	NC, 21210 L	1 5 1987	Julia Des	ider Ra	adalle		
	2	OI GWYNNO F	mus rk	my, DHC	1011	10. 4-19		4				

DHMH - 16 60M 7/84

MPORTANT: If Item 21 is marked or Item 18 shaws any

(VRA 15, 4)

BP.

NUMBER OF STREET STREET STREET OF THE COLUMN

	H	IL OF	DARI	LAND	-	***
DEPARTMENT	OF	HEALT	HAND	MENT	AL HY	GIENI
CE	RT	IFICAT	E OF	DEAT	H	

1.	STATE REGISTRAR		DEI ARTH	CERTIF	ICATE OF DEATH	Sk /	REG. NO	3	1 7	obs.
	CEASED NAME FIRST E OR PRINT)	٨	AIDDLE	L	AST	To. DATE OF D	EATH /	MONTH D	AY YEAR	2b. HOUR
	LLOYD	Н		THOE	RNTON	JULY	3,	198	7	. 2:09A
3. SE	x Male	4 RACE Black		5. DATE C		6. AGE (IN YEAR	ES LAST BIRTH		IF UNDER I YEAR	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	• COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE BALT	CITY OF		OF DEATH	MD.
10. C	BALTIMORE	I IF NOT IN SUCH	OSPITAL, NURSING PACILITY, GIVE STREET A DHNS HOE	ADDRESS)	OR OTHER INSTITUTION  HOSPITAL	120. USUAL OC	CUPATIO	ON WORKING LIFE		OF BUSINESS OR
130. 3	AL RESIDENCE HE NURSING HOME O STATE 13b. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltin	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET AD	DRESS /	ZIP CODE E a g I	e St.	21223
	ATHER'S NAME William	MIDDLE M.	Thorn	ton	Fannie		WIDDLE		Lewi	S. S
	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? VE WAR OR DATES)	229-58		17. INFORMANT Alma Phi	llips	180		gle S	t.
	18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	nly one couse per ED BY:	line for (o), (b), one	Heuri Mari I a	and Apple				BETWEEN	XIMATE INTERVAL
	IMMEDIA	TE CAUSE (o)	CHICULOPUL	ANON	RY HRREST					30 min -
	Canditians, if ony, which gave rise to immediate	DUE TO, OR	Septic	Shoc	k				- (	48 hrs.
:	cause (a), stoting the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF									
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  Systemic Lupus Erythematos us							N IN PART 1	10	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY?	IN CERTIF	, WERE FIND YING CAUSE:	INGS USED S OF DEATH? NO []
	216. ACCIDENT WAS UNDERLYING.  OR CONTRIBUTING. CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJUR	Y IN ITEM 18 PA	RT I ORPART 2)	D SVS
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C			21f LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
	sow the decease alive or	ital) attended the	deceased fram	&) , ar	nd that is my (aur apinian	death accurred a	7/3 an the do	te ond hour	9_87, and fram the	that we lost causes stoted
	226 SIGNATURE ARRY	h/Kay	burn 1	m	DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFI PHYSICI		22c. DATE	7/3/87
	BARR	00	14BURN		JOHNS HO,		19 N Hosp	WOLL	FE ST	21205
-	BURIAL, CREMATION, REMOVAL	. 23b. DATE 7 - 9 -			emetery or crematory ion Cemeter	23d. LOCATI	on sdor	wne.	COUNTY	M date
24. FI	Urial UNERAL DIRECTOR		ADDRESS	L. Z	25a DAT		IOA?	Sh. REGULAR	MAR DENSINA	TORE Roadous
M	arch Funeral	Home	1101 E.	Nor	th Ave.		, ,,,,,			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept of Health and Mental Hygiene prian IMPORTANT: If Item 21 is marked or Item 18 shows ony FOR

(VRA 15, 4)

23 02 ---H0841

STATE OF MARYLAND											
PARTMENT	OF	HEALT	H	AND	MENTAL	H					

060954 JUL 2	818	FOR STATE REGISTRAR		DEPARTMENT OF I	EALTH AND MENTAL H	HYGIENE REG. N	0 1 9 5
oy be death		CEASED NAME FIRST	MIDDLE		BBS	DATE OF DEATH	MONTH DAY YEAR 126 HOUR 7 2/87 10 DM
e 4 m	3. SE	× m	1. RACE B	S. DATE (		6. AGE IN YEARS LAST BIR	RIHDAY) IF UNDER LYEAR IF UNDER LINES MONTHS DAYS HOURS MIN.
death. Pag.	MA	RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF WHAT CO	ATES WIDOW	D NEVER MARRIED	9. BALTIMORE CITY C	BALTIMORE MD.
by the fu	Z	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	SE CO		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ( MAIL CARE	RIER GOV.
AND 21.	13a.	mo ella	UNTY 13g. CITY	OR TOWN  CTO MOKE	13d. INSIDE CITY LIMITS'	1601 M	ZIP CODE ACCUMACE NESSEE
MARYL MARYL	) F	STAFFORD	MIDDLE	TIBBS	IS. MOTHER'S MAIDEN  KATE	MIDDLE	MARBURY
BALTIMORE,		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O		CIAL SECURITY NO.	17. INFORMANT CASSIMURA	TIBBS RT 4	13x7 NANJEWOY, LY
res that the death centification by the area carbon purel, cremation, or remaining, or		PART I. DEATH WAS CAU:  Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN:	DUE TO, OR AS	OUNTAGE ONSEQUENCE OF ONSEQUENCE OF	hage hage ruly related to the ti	ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
TAL RECORDS  The law requisition.  The has been significant permit. They splene prior to be shown only injury.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	r which operatio	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL  NG PHYSICIAN: The offending physicion fifer this certificate h as the burial-transit p th and Mental Hygier fith and Mental B show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCIAL EXAMINATION OF THE STREET OF THE	HOUR A.M. MO P.M.  21e. PLACE OF INJUR	NTH DAY YEAR 19	211 LOCATION	URRED (ENTER NATURE OF INJU	
TTENDI or ose for use of Heal	W	WHILE AT WORK  270.1 certify that (1) the tos  saw, the deceased give cooled a 100 we (1010) and (1	-11 5 .	ed from 6/	nd that in Tay) Dur) apini	ton death accurred on the d	ote and hour and from the causes stated
TO HOSPITAL OR A' retained by the hosp TO FUNERAL DIREC should be detached ' with the State Dept. MPORTANT: If Item		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	41	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	G MEDICAL STA	
P		BURIAL, CREMATION, REMOVA	7-23-87	23c. NAME OF C	EMETERY OR CREMATOR	ORD 23d LOCATION CITY OR TOWN IRONS I	COUNTY STATE  CHARLES MD
DHMH - 16 60M 7/84 (VRA 15 4)		UNERAL DIRECTOR  ORNTON FUNER		ADORESS POMON	25a. C		25b, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

SHRBSHCHEISTE LORD

y the funeral director, ed within 72 haurs aft

and blue

njury, or other troumotic event, the

should be detached for use as the buriol-transit permit. Then please remove carbon popel with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal MADRTANT. If health is tremoval.

retained by the haspital or ottending physicial

BP.

MPORTANT: If Hem 21 is marked or Item 18 shows ony

	STA	TE	0F	M	ARYL	AND		
MENT	OF	М	ALT	IN.	AND	MENT	AI	HYCIE

DEPARTA

REGISTRAR		CER	TIFICATE OF DEATH	B / REG. N	0 1	
1. DECEASED NAME FIRST	L.		TICE	DATE OF DEATH	MONTH DAY	YEAR 200 HOUR 200 PM
3. SEX Male	4. RACE Caucas		re of Birth 2° 1928	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER TYEAR OF UNDER 24 HRS. S DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Jersey	76. CITIZEN OF WH	MAR	RRIED NEVER MARRIED	9. BALTIMORE CITY OF		CITY MD.
Balto.	Francis	SCOTT K	ey Med. Cent	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Mainte		KIND OF BUSINESS OR IDUSTRY F.S.K.M.C.
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU		RESIDENCE BEFORE ADMISSE CCITY OR TOWN Balto.	13d INSIDE CITY LIMITS?	3020 McE		21205
14 FATHER'S NAME Charles	MIDDLE	Tice	15. MOTHER'S MAIDEN N	AME MIDDLE	Thom	p <b>son</b>
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	SOCIAL SECURITY NO	17 INFORMANT 12 Mrs. Ines	Tice, 381		1224 Pleasant Av
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per lin ED BY: ATE CAUSE (0)	efor (o), (b), and (c).) HEALT	FAILURE CA	COIRC ALRE	ST -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 LOURS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	( lb)	S A CONSEQUENCE O SEPSIS S A CONSEQUENCE O	(likely)	·A		24-49 hrs.
PART 2 OTHER SIGNIFICANT	CONDITIONS CON		BUT NOT RELATED TO THE TER		DITION GIVEN IN	I PART 110
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONDITIO	ON FOR WHICH OPERA	TION WAS PERFORMED	YES NO		RE FINDINGS USED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DE		MONTH DAY YE	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PAR 1 2}
11d IN ILIRY OCCURRED	21a PLACE OF	INTURY	211 LOCATION			

ME CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE and that in (my) (our) opinion death occurred on the date and have and from the causes stated

22 DATE SIGNED

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR \_

Vize ADDRESS BRIAN LEWIS

4940

236. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 7/10/87 Oaklawn Cemetery 24. FUNERAL DIRECTOR

Baltimore, Maryland Baltimore, Maryland

Joseph N . Zannino, 263 S. Conkling St.

DHMH - 16 60M 7/84

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toolw of propinist	unafe Vanfe	rea magin	aud erro	INT	faten

injury, or other troumotic event, the medico

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. 20197

8		CEASED NAME OR PRINT)	erric		MIDDLE		mmons	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUS
	3. SEX			4. RACE Negro		5. DATE C	OF BIRTH	6. AGE TINYEARS		IF UNDER TYEA	
5		RTHPLACE (STATE OR F COUNTRY)  Maryla	nd	United		WIDOWE		Baltim	CITY OR COUNT	TY OF DEATH	MD.
1	Ba]	ty or town of dea ltimore		Bon Sec	OUTS HOS	ADDRESS)	DR OTHER INSTITUTION		CUPATION R MOST OF WORKING Loyed		OF BUSINESS OR Y
1	130. S Ma	AL RESIDENCE I IF NURS TATE Aryland THER'S NAME	13b COUN		Baltimor	N	13d. INSIDE CITY LIMITS?  YES X NO	102 N.	Smallwo		23
		Jesse VAS DECEASED EVER		MED FORCES?	Foster	RITY NO	Rebecca		ADDRESS	Tir	nmons
	(1)	(ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	219-82-3		Mrs. Rebecca	Cook	102 N. S		od Street
	NOI	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.									
2	CERTIFICATION	19a DATE OF OPERA	4			OPERATIO	N WAS PERFORMED		O IN CERT	ES, WERE FIND TIFYING CAUSE YES []	S OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER NOTIFY MEDIN 21d INJURY OCCURE WHILE NOT WHAT WORK AT WO 27a.1 certify that (I) sow the decease obove (IV) (We) (c) 27b. SIGNATURE 22d. PHYSICIAN'S NOTIFY 27d. PHYSICIAN'S NOT	CAUSE OF DEALEXAMINER RED  ILLE  (Ithis hospi ed olive offi did) (did no	ATHORE STR.  21e PLACE (AT HOME STR.  tol) oftender the body.	M. MONTH DA M.  OF INJURY  EET, FACTORY, OFFICE, FA  e deceosed from	Ju of	211. LOCATION SIREET  211 LOCATION SIREET  19 84  Othor in (our) opinion of physician (Physician (P	to	n the bate and ha	COUNTY  19 87  our and from the	STATE ., that (I) (we) lost
	23a. B	JUNE SURIAL, CREMATION,	In.	NAT30	Z3c. N	AME OF C	TOHNS HOP	hims floo	ortel.	BATT,	nage
	1	SPORT ALDIRECTOR	-	7-25	-87 G	edan	2 Hill Cem	E REC'D BY REGI	OKJUN ISTRAR ZSK AEGIS	STRAR'S SIGNA	
	Joseph L. Russ 2222 Wissorth Ave. JUL 22 1987 Julia Dividen. Randala										

DHMH - 16 60M 7/84 (VRA 15, 4)

retoined by the hospital TO HOSPITAL

BP.

20197

SET SEE THE

## STATE OF MARYLAND

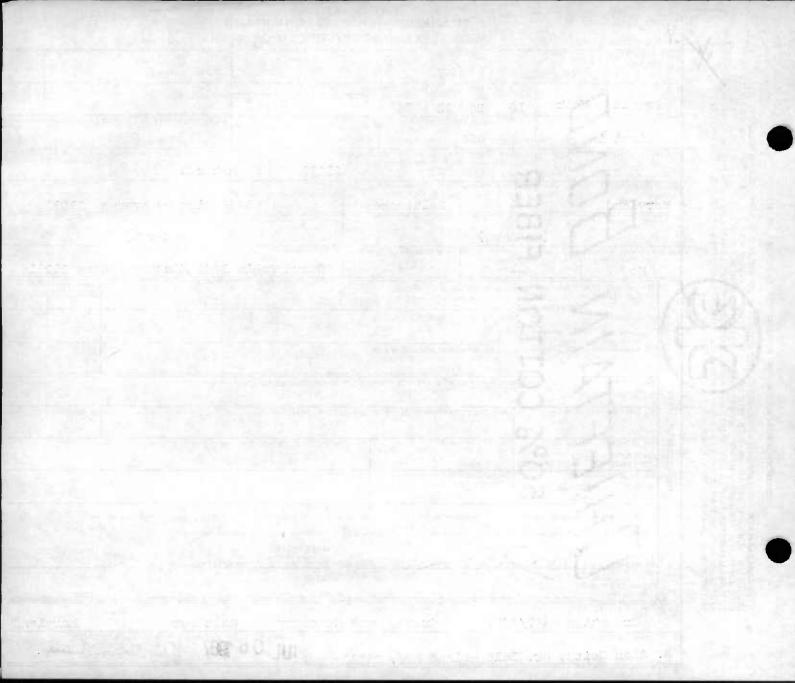
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	0 18	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	201	9 8	
	1. DEC	EASED NAME FIRST	MIDDLE	1	AST			AR 2b. HOU	R
	(TYPE	ORPRINT) Wiliam	E	-	TITLE SR	7/2/	187	20	5
П	3. SEX		4 RACE	5. DATE C	11100	6 AGE LIN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER	24 HRS
	3. 31.	Male	BACK	MONTH		87		DAYS HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		Н	
	11	DAFORD ME	21SA	WIDOWE		C	ty		MD.
3	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120 USUAL OCCUPATION		ND OF BUSINE	SSOR
Sul M		ALTEMORE	G00d 31	+mAR+	An Hos.	FARME		DIKI	0
7	13a. S	1 A		OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🖸	130 STREET ADDRESS	A 111 11 A	UEN	ALVE
	14 FA	THER'S NAME	MIDDLE	AST	15. MOTHER'S MAIDEN NAM	ME	.,	LAST	
	G	FEORGE U	1 Tittle	5	MARY	Ē	H	ARRIS	5 4
		VAS DECEASED EVER IN U.S. AR	E WAR ORDATES!	AL SECURITY NO.	17 INFORMANT	ADDRE	ss old	FECER 1	2 (41
		NO	212	143267A	Richard,	H TIHLE	JARRE	HSVICE	Em.
	44	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line far (a)	, (b), and (c).)			BE T	PPROXIMATE INTER WEEN ONSET AND	VAL DEATH
			E CAUSE (0) REM	al fa	ilure				
			DUE TO, OR AS A CO	NSEQUENCE OF		-1	1000		
		Canditions, if any, which	( (b) Mus	tiple !	bleeding	oites			
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	0		0.00		
		underlying cause last							
7	NO	PART 2 OTHER SIGNIFICANT	DITION GIVEN IN PA	RT Ito					
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F		
1	IFIC	-				YES TO NO	IN CERTIFYING CA	USES OF DEAT	
-	CERI	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE				
1	CAL	OR CONTRIBUTING CAUSE OF DEA	ann .	TH DAY YEAR	CONTRACTOR OF THE				
	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	wn coun	TW 61	TATE
	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	, OFFICE, FARM ETC )	STREET	CITY OR TO	WN COON	11 5	ATE
		220.1 certify that (1) (this haspi	tal) attended the deceased	from_7/1	8/8/ 19 87	7. to 7/2	19 7	7 that (1) (v	we) last
		sow the deceased alive on abave, (1) (we) (did) (did na	7/21	_19	nd that in (my) (our) opinion o	death accurred an the do	ate and have and fram	n the causes sta	ited
		22b. SIGNATURE	ri view the bady after death		DEGREE		22€	DATE SIGNED	
		( Asu	Tawd	el	ATTENDING PHYSICIAN	MEDICAL STAF			
		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	,	22e. ADDRESS				4
		SALIM	ABOU IA	OUNE	The Good	Camperi	tan t	Losnid	el
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1	
	- (	BURIAL	7.25.87	BELAI	MMENIONIAL G	M B S AIN	HAR	V	ND
	24 FL	INERAL DIRECTOR		Dones		E REC'D. BY REGISTRAR	1 1 2 2	V/ 1	
	G	GORGE W7	IHIE JA	LREHSU	illemD III	30 1987	Julia Deore	loon. Kand	ALII.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumotic event, the

			Film #G629, I	tem #16b, 7/2	24/87 S jb ST	ATE OF M	ARYLAND AND MENTAL H	YGIENE	0 1	3 0				
7.2	17/		STATE REGISTRAR	MED	DICAL EXAMI	NER'S C	ERTIFICATE C	BDEATH 2EG.	NO	7 7				
	X		CEASED NAME FIRST		MIDDLE	l.	AST	20. DATE KNOWN OF ESTI-	MONTH X	DAY YEAR 26 HOU				
	2848		HELE	1	May	TC	BIN	OF ESTI- DEATH MATED	0 7 2	2 19 87				
	A STREET	3 SEX	Female White	5. DATE OF BIRTH	year 6. AGE (IN LAST BIRT 22 64	HDAY) MONTH	DER 1 YR. IF UNDER	24 HRS 2c DATE PRONOUNCED DEAD	MÔNTH 7	2 19 87 2d HOLD				
	MASSES.	To. BI	RTHPLACE (STATE OR	7b. CITIZEN OF WH		YRS.		- 9 BALTIMORE CITY	OR COUNTY					
	<b>哥薩亞斯</b>	FO	REIGN COUNTRY) Virginia	USA	A	WIDOWE	D NEVER MARR	= D 11.	e City	AA				
	S S S S S S S S S S S S S S S S S S S	1)	altimore	(IF NOT IN SUCH FAC	1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3446 Hickory Ave. 21211  Retired									
. 21201	ANY DELANT DELAN	113a S	L RESIDENCE (IF IN NURSING HOME TATE 13b. COUI		E RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Baltimo	1	13d. INSIDE (ITY LIMITS?   13e. STREET ADDRESS   YES 🛣 NO 🗌 3446 Hickory Avenue 21							
DRE, MD	MEDIN 3	1	· · · · · · · · · · · · · · · · · · ·	unknown)	LAST	-51	15 MOTHER'S MAIDE FIRST	(unkno		tast				
IMC	E 2020		/AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR		17. INFORMANT	ADDRE						
M	A STATE OF S		No		235-18-774	3	Edward To	ory Ave	enue 21211					
RESTON ST	AN SA HOUS		18. CAUSE OF DEATH (Enter a PART I DEATH WAS CAUSI IMMEDIA Canditions, if any, which	TE CAUSE (a) Art			ardiovascu	ılar disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
DS. 201 W. P	XECUTED WITH JGW IN PENCING SALE EXAMINE TO AND MENTAL TO AND MENTAL MATION OF PENCING SALES AND MENTAL MATION OF PE	,,	gave rise to immediate cause (a) stating the <u>under</u> lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	DUE TO, OR A	AS A CONSEQUENC		OR CONDITION GIVEN IN PA	RT 1 (a)						
S	SEVER	Z	The Bully of											
TAL RE	RO "PEN HIEF ME USED A OF HEA RIAL, CI	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION WA	S PERFORMED?			20 AUTOPSY? YES NO X				
DIVISION OF VITAL RECORDS	THE WOOD THE COULD BE CREAMENT OR TO BUT		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DAY YE	AR 21c. HO	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART					
DIVISI	WRITING THE WARTING THE WARDED TO THE AGE 3 SHOULD BATE DEPARTMEN	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	21e PLACE O STREET, FACTO	F INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	ATION	CITY OR TOWN	COUN	ATY STATE				
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 4 FIRE DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a I certify that I taak char	T		Autapsy Suicide ,	Hamicide .	Undetermined manner	and in my apin	nian				
U	CAL EX. THE CER SHOULD SRAL DIR ATH, W ORE, MAI		ACTUAL SIGNATURE	20		M.I.	Deputy (	Chief	DATE SIGNED	7-2-87				
	MEDI GGE 4 FUNE TER DE		EXAMINER'S NAME ANT	n M. Dixon,	M.D.	A	DDRESS 111 PS	enn St., Balto	., MD	21201				
	DASTAR	23a.Bi	JRIAL, CREMATION, REMOVAL		23c. NAME OF C			23d. LOCATION	COUNT					
07/84 25M	BP	24 5	Cremation UNERAL DIRECTOR	7/3/87	Green	Mount (	Cemetery	Baltimore	CICAD A DIG TO	Maryland				
2011	DHMH - 17 (VR A15 MF (5))		NAME Alan Seitz T	ADDRESS	1 1 -	01000	DATE I	0 6 1987		- Pandass				



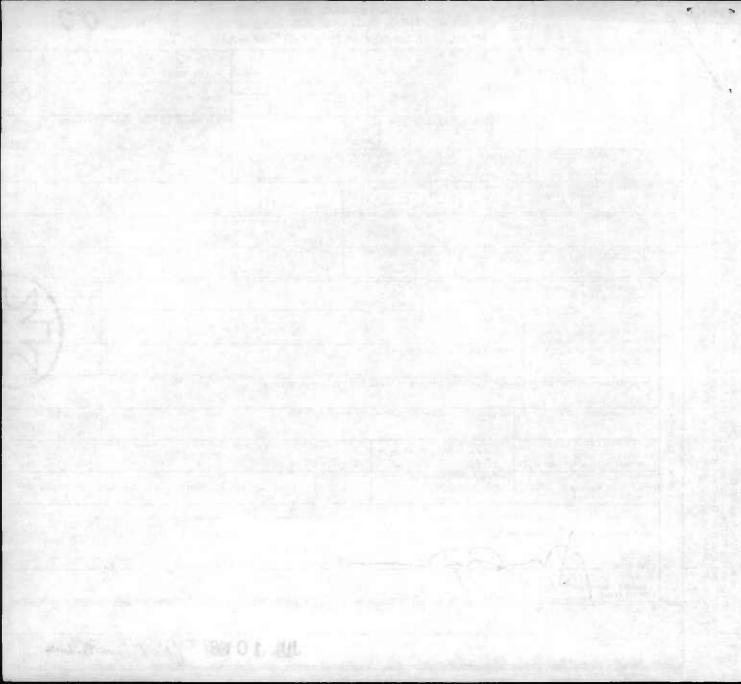
07/84 25M DHMH - 17 (VR A15 ME (5) FOR STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 0 2 0 0

	0.03	HEGISTRAR		WED	ICALI	EXAMINI	ER'S	ERTIFIC	AIE	PDE	ATH REG. NO	0.		
		EASED NAME	FIRST		WIDDLE			LAST			20. DATE KNOWN X	MONTH DA	AY YEAR	26 HOUR
)	(TYPE	OR PRINT)	Bloss		Anna			Tod	1.3		OF ESTI-	7-5-	1987	
	3. 5EX	1/	RACE	5. DATE OF BIRTH	Anna	6 AGE (IN YEAR	RS IF LIN		IF UNDER	24 HDS	2c. DATE	MONTH DA	AY YEAR	M HOUR
		EMALE		7 4	YEAR	LAST BIRTHDAY	Y) MONI		HOURS	MIN	PRONOUNCED			1,46°
			BLACK		14	73 YR	S.				DEAD	7-5-	19 87	AM
7		THPLACE (STA	TE OR	76. CITIZEN OF WH.	AT COUN	TRY?	8 MARR	IED NE	ER MARR	IED 🗌	9. BALTIMORE CITY C	OR COUNTY O	FDEATH	
/	S	.C.		USA		70.00	WIDOW		DIVORO		Baltimor	e City		MD.
5	10 CI	Y OR TOWN C	FDEATH	11. NAME OF HOSP			OROTH	IER INSTITUT	ION	FOR	UAL OCCUPATION (TYP MOST OF WORKING LIFE)	E OF WORK 12b.	KIND OF BU OR INDUST	JSINESS
2		altimor		Universit						UN	EMPLOYED		-	
5	130. ST	ATE	FIN NURSING HOME C	OR OTHER INSTITUTION, GIVE ITY	13c CITY	OR TOWN timore	N)	13d. INSIDE CI	TY LIMITS?	13e STR	REET ADDRESS 21 Eutaw Pl	. 21217	7	
	14. FA	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAID	ENNAME	WIDDLE		LAST	
0	D	aniel			Brown			Anna	7.01		MODIE	Joh	hnson	
	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?		IAL SECURITY	NO.	17. INFORM	TANT		ADDRESS	5	1113011	
	N	s, no, or unknow 0	(IF YES, GIVE	WAR OR DATES)	217	-20-28	90	Elea	se B	atey	1016 Richm	ond Ave	e. 212	12
				ly one couse per line f	or (a), (b)	, ond (c).)							APPROXIMATE	EINTERVAL
H	10	PART I DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Gunshot wounds of chest												
			DUE TO, OR AS A CONSEQUENCE OF											
		Conditions	, if any, which											
		gove rise	to immediate											
		lying cous	toting the under-	DUE TO, OR A	S A CON	SEQUENCE O	F					- 22		
		Tymig coos		(c)										
91		PART 2 DTHER SIGI	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELA	TED TO THE TERMIN	NAL DISEAS	E DR CONDITION	GIVEN IN PA	RT I to .				
5.	Z			350										
7	CERTIFICATION	190. DATE OF	PERATION	196. CONDITI	ON FOR WHICH OPERATION WAS PERFORMED?						120	D AUTOPSY	?	
1	FIC												-	_
7	E	21a. EXTERNAL	CAUSEWAS	21b TIME OF	INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18							YES 😾	NO []	
-<1			OR G CAUSE OF I		MONTH DAY YEAR					NATURE OF INJURY IN SEM 181	PART TOR PART 2)			
7	2					5- 1987		bject	shot				-	
	MEDICAL	21d. INJURY O	CURRED	ZIE PLACE O	RY, FARM, ET	(AT HOME,					CITA-OR JOHAN -	. COUNTY		STAIF
		WHILE AT WORK	AT WORK	x st	creet		1-	95 % 1	nite	east	of 695 Bal	timore	Count	Y,MD
				e of the remains descr	ribed aba	ve held on	Auton	sy X.	Inspectio		Inquiry . on	nd in my opinior		
		P. P. L.					-	, Homic			. ,	d in my opinior	,	
		death resulted	A Notor	rol couses,	Accident	L, 3010	ide L			Undet	ermined monner,			
99		ACTUAL	1	- 0	7			TITLE (SI				DATE -		
		SIGNATURE_	Alv	7	7 1		M	D. Depu	ty C	11 CAED	ICAL EXAMINER	SIGNED_	7-5-87	
	1	EXAMINER'S N	LAME V		1									
7		TYPE OR PRIN	n An	n M. Dixor	1, M.	D.		ADDRESS_	111	Penn	Street, Ba	lto., M	D2120	1
			ON, REMOVAL 2		23c. N	AME OF CEM	ETERY O	RCREMATO	RY	23d. LC	CATION	COUNTY		TATE
	(3	Burial		7/10/87		ARBUTUS	S MEI	MORIAL	CEM	. A	rbutus. Md.	000414	51	V.F
	24. FU	NERAL DIRECT	OR						So DATE		REGISTRAR 256 REGI	STRAR'S SIGN	ATURE	
	1		C. Marc	h F/H 1101	E.	North	Ave.		JAIL	TO	1901 Julia	w. hor	Kendass	5



page 3

				G630	8-14-87
STATE REGIST	RARPer	FH	SB		

# STATE OF MARYLAND

PEPARTMENT	OF HEALTH	AND M	ENTAL	HYGIENE	
CEI	RTIFICATE	OF D	EATH	8	1

SB		CERTIFICATE OF DEATH	8 / REG. NO.
NK	MIDDLE	TODD	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 7 23 87 112 PM
	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1. YEAR IF UNDER 24 HRS MONTHS: DAYS HOURS MIN.
EłGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY MD.

ID CITY OR TOWN OF DEATH

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SAUTIMORE GENERAL

(TYPE OF WORK FOR MOST OF WORKING LIFE) LABORER

126 KIND OF BUSINESS OF INDUSTRY BETH STEEL

LTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO 13a. STATE 136. COUNTY MARYLAND

ALTIMORE

YES X NO 13 STREET ADDRESS / ZIP CODE BALTO, MO. 3026

14. FATHER'S NAME

VES

couse (o), stoting the underlying couse

DECEASED NAME

(TYPE OR PRINT)

70. BIRTHPLACE COUNTRY

3. SEX

MIDDLE RICHMOND ARMED FORCES?

000 SOCIAL SECURITY NO

17 INFORMANT

ADDE ALTIMORE, GLADYST, RICE 3659 FOREST HILL RD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

1 %

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	
Conditions, if ony, which	DUE TO, OR AS A CONS

PNEUMONIA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DEGREE

o. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	21c HOW INJURY				
A INTHIDY OCCUPED	21. DIACE OF INITIDY		211 LOCATION				

NO YES T NO [ OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

COUNTY STREET CITY OR TOWN

200 AUTOPSY?

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on\_ above, (1) (we) (did) (did not) view the body after deet

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

224 DATE SIGNED

STATE

HANOVER ST. BALT

M.D. NATIONAL MEM. AK

AUREL

STATE

BP

230. BURIAL CREMATION.

CERTIFICATION

MEDICAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

GWYNNS FALLS PKWY, BALTO, MO, 21216

DHMH - 16 60M 7/84 (VRA 15, 4)

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per

burial-transit p

W puo

m 18

d

bee

After this certificate has

TO FUNERAL DIRECTOR:

should be detached

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IMPORTANT:

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		and a	1		(1)	3
1		2	U	the	U	4
	DEC	NO.				

- STATE REGISTRAR			C	ERTIFI	CATE OF DEATH	B / REG. N		<i>Q E</i> .			
1. OF CE ASED NAME (JYRE OR PRINT)	EVA	MIDDE	E	LA	TOPP	JULY 30, 1987					
Fema	10	Nega	0	DATE O	F BIRTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS DAYS HOURS MIN.			
TO BIRTHPLACE (STA	E OR FOREIGN 76	M.S	A	MARRIED	DIVORCED D	9 BALTIMORE CITY C	COUNTY OF DEA	City MD			
BAL	DEATH 11		PITAL, NURSING I		ROTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE! INDU	IND OF BUSINESS OR			
USUAL RESIDENCE (#	NURSING HOME OR OT		RESIDENCE BEFORE ADI		13d. INSIDE CITY LIMITS?	134 STREET ADDRESS	ZIP CODE	1/33/1			
FATHER S NAME FIRST	nees	DOLE	LAST		15. MOTHER'S MAIDEN NAM	Marin		LAST			
160 WAS DECEASED F			SOCIAL SECURIT	Y NO.	Rev. 50,	hasod P.	O. Bol.	3311			
gove rise to cause (a),	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
190 DATE OF OF	PERATION	196 CONDITION	N FOR WHICH OP	PERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?			
OR CONTRIBUTION	CAUSE OF DEATH	P.M.	MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	URY IN ITEM 18 PART 1 OR PA	RT 2)			
(IF EITHER NOTE)  21d. INJURY OC		218 PLACE OF I	NJURY FACTORY, OFFICE, FARM	ETC )	211 LOCATION STREET	CITY OR TO	NUO) NWC	STATE STATE			
saw the de	220.1 certify that (I) (this hospital the deceased alive of above, (I) (we) (did) (did (of the deceased alive of above, (I) (we) (did) (did (of the deceased alive of above).										
22b. SIGNATUR	11.	1/IC		M		MEDICAL STA DIRECTOR PHYSI	CIAN	DAYE SIGNED			
1	SNAME IVPEORP	D. Ku	shaer		100 N. BRO			MD. 2123			

DHMH - 16 60M 7/B4

O FUNERAL DIRECTOR

(VRA 15, 4)

MPORTANT

THE BURIAL CREMATION, REMOVAL

(SPECIFIE

FOR

24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 0 4 1987 June Dandon Rouden

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

060867

/_	FOR
1	- STATE
•	O TREGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

	44	0.76			
	2	0	2	U	
	6 mm	0	Cum.	-	-
NO					

9	QR	REGISTRAR				CERTIF	ICATE OF	DEATH	0 /	REG. NO	). <del>*****</del>	0 4	0	
-	T. DEC	CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR	
	TITLE	OR PRINT)	MARTH	IA M	ARGARE	T	TOWNS				7 6	25 87	1:15	AM
	3 SE>	X		4 RACE		5. DATE C		YEAR	6. AGE INY	EARS LAST BIRT	(HDAY)	MONTHS DAYS	IF UNDER 24	MIN.
	1	Female		Whi	te	nonth 10	14	95	91		YRS		HOOKS	2511142
1		RIHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER	MARRIED -	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH		
1		aryland		U.S.A		WIDOW	DX D	NORCED	Bal	timor	e cit	CV		MD.
9	10. CI	TY OR TOWN OF DE	ATH			URSING HOME ( STREET ADDRESS)	OR OTHER INS	TITUTION	12a USUAL (	OCCUPATE	ON	126 KIND C	F BUSINES	SOR
4	1	Baltimore	1			ospital	Linen			Hospi	tal			
2	13a S	AL RESIDENCE IN NUMBER AND STATE	13b COU		13c. CITY OR		13d INSIDE	711 Maiden Choice Lane Apt				115		
2	14) FA	THER'S NAME		WIDDIE	EAS		15 MOTHER	S MAIDEN NA	ME	WIDDIE		LA		
2	1	George		MIDDLE		egler	M	arv		WIDDLE		LA	Yake	1
5		VAS DECEASED EVE	R IN U.S. AR			SECURITY NO.	17 INFORM	ANT		ADDRE	SS			
de	1 A	YES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	216-3	2-5603	Harol	d C. To	wns 5	Unive	rsity	Ave.	21228	}
		18 CAUSE OF DEA	TH (Enter or	nly one couse per	line for (o), (	bi, and resi		1	-				MATE INTERV	AL EATH
		PART I. DEATH		D BY	July	nonary 6	songes	tur x	eden	na	-			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AS DON'S	POUEJACEOF	1 0-1	- 0 1	1	1				863
		Conditions, if an		( (b)_	fro	balle.	below	rol b	more	apr	eum	erka	-	
		gove rise to in		DUE TO O	RAS ACON	EQUENCE OF	1 0	- 1	_	P.	- 70			
١		underlying cou	se lost	161	Jef	t cere	bral.	infor	el	100				-
	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONT			MIRIBUTINO	2 Cal	NOT RELATE	R Led	MINAL DISEASE OR CONDITION GIVEN IN PAGE 1100 heart des					ad
	CERTIFICATION	1% DATE OF OPER	ATION	THE COND	TION FOR W	HICH OPERATIO	CH OPERATION WAS PERFORMED			NO[]	IN CERT	ES, WERE FINDI IFYING PAUSES VESTON		ri
	ERT	210. ACCIDENT WAS U	NDERLYING [	7 21b. TIME O	F INJURY	- 107	121c. HOW II	NJURY OCCURE	RED (ENTERNA	The Part I	-	Part .	110 []	
		OR CONTRIBUTING	CAUSE OF DE	HOUR A.		H DAY YEAR								
	MEDICAL	214, INJURY OCCU		21e PLACE		19	211 LOCAT	ON	-					
	ME	WHILE NOT	WHILE	(AT HOME STE	EET FACTORY O	OFFICE, FARM, ETC.)	STREE	1		CITY OR TO	WN	COUNTY	STA	TE
		220.   certify that (	_	ital) attended th	e deceased f	10m 61	126	10 8-	10. 7	125		10.87	that (I (we	e) Inst
			1 6	at view the body	-		nd that in (my	(our) opinion	death occurre	d on the do	ate and ho	out and from the	. K.	1
		226. SIGNATURE	(did)/did no	it view the body	ofter death.	-	DEGREE					22c DATE	SIGNED	17
		I Zu	Elean	m (15	licke	~ (	mo	ATTENDING PHYSICIAN	MEDICAL	STAF	FIANTS	7/	5/8	7
		22d. PHYSICIAN'S	VAME (TYPE	OR PRINT)		1	22e ADDRE		DIRECTOR	1/1	IAIT A	0 /	70	<i></i>
		11/1	n, I	HICK	KEN .	MD		St ag	nes )	Logi	sela	e		
	23a B	BURIAL, CREMATION	, REMOVAL	23b DATE	-	23c NAME OF C	EMETERY OR	CREMATORY	23d LOCA					
	(	Buria		7/29/	87	Loudon			CITY	imore		COUNTY	arvla	
	24. FU	UNFRAI DIRECTOR		1,7237		2122	-	250. DAT	_			STRAR'S SIGNA	7	2300
	H	ubbard Fu	neral	Home, I	nc.41	07 Wilke	ens Ave	. JUL	27 198	7	12.1		Just	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other trou TO FUNERAL DIRECTOR, After this certificate has been significated by detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to burial.

(VRA 15, 4)

positers funeral Home

BALTIMORE MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 REG. NO. 2 0 2 0

	77.14		EASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
oy be oge 3 deoth	12.1	{ I YPE	OR PRINT)	CHARL	ES ED	WARD	TOW	NSLEY	JULY 30,	1987		1:27 A	
moy pool		3. SE>			4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST		IF UNDER TYEAR	IF UNDER 24 HRS	
ge 4 ector	-		Male		Whi	te	Apri	1 27, 1941	46	YRS.	MONTHS DAYS	HOURS MIN.	
Po Por	2/		OUNTRY)	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH		
deoth unerg	27	Ma	ryland	100	USA		WIDOWE	D DIVORCED		MORE C	ITY	MD.	
the the	1	16			(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	128 USUAL OCCUPATION 128, KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
A	9		LTIMORE	NG HOME OR		HOPKINS		<u>ral</u>	Iron Work	er ·	Const	ruction	
210	200	13a. S		Harf	ITY	Forest H	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			1050	
1000	1	14. FA	THER'S NAME	-	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAS		
of apply	6 A	/	Joseph			Townslev		Marv	Agne		Ward		
1 25/	oj C		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DOECC	r, Md.	21014	
1	E		es	Viet		213-38-8	3653	Carol W. Towns	sley, 100	Oak Moo	ore Cou	rt	
1 月路文	T.		18 CAUSE OF DEATH PART I. DEATH W.	H (Enter on	ly one couse per	line for (a), (b), one	d (c),)					MATE INTERVAL ONSET AND DEATH	
	ever				E CAUSE (o)		- Fa	ilure			5 M	inutes	
offic confe	notic	18			DUE TO, O	R AS A CONSEQUE					1111		
dec nove	roor		Conditions, if ony,		(b)	Meningi	tis				1900	ry 3	
y the crem	ther		couse (o), stoting	g the	DUE TO, O	R AS A CONSEQUE	NCE OF				140	lous	
ed b	0.0		DARI 2 OTHER SICA	UEICANIT C	(0)	Sepsis	NEATH BUIL	NOT RELATED TO THE TERM	NIAL DISCUSSION OF CO.	D. ID IT IO. I CO	17 14	ay -	
sign Then r to bu	ulan	NO O	PART 2. OTHER SIGN	OFICANT C	ONDITIONS <u>CC</u>	DIVINIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	JNDITION GIV	EN IN PART TI	>	
Prio Till	Nuo 7	CERTIFICATION	19a. DATE OF OPERAT	ION				N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN		
Mest	NOW S	RTIF	1/17/87	7		testinal	Perfore		YES NO	] YE	S 🗌	NO 🗌	
hysic frons trons	1 8		210. ACCIDENT WAS UND			FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	VJURY IN ITEM 18 I	PART I OR PART 2)		
Single Si	E 4	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER	) P.	M.	19						
Son	o pa	MED	21d. INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE	
S S S S S S S S S S S S S S S S S S S	No rk		AT WORK - AT WOR	K.	<b>3</b>		Tulait	97	to July	30	97	. 0	
Z - S S S S S S S S S S S S S S S S S S	- 15		22a   certify that (I) sow the decease above (I)(we)	dalive on	July 3	D 19	8 7	d that in (our) opinion			r and from the	that (I) (we) lost	
	em 7		obove, (1)(we) (d	id) (did no	) view the body	ofter death.		DEGREE			22c. DATE		
A A A A A A A A A A A A A A A A A A A	# # # # # # # # # # # # # # # # # # #		1	If.	y)	Dut	- /	M.D. ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN D	7/30	/	
d by	AN		22d. PHYSICIAN' NA		,	T.L.		22e ADDRESS	T1	× 1.	11	tal	
o FUN Sould b	MPOR		Je	offre	7 A. I	Drebin		Dept. of Sur		as Topk	~> TIOSQ		
	_	23a B	URIAL, CREMATION,	REMOVAL	236 DATE	23c N		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
BP	-	24.5	مريد مريد	i In au	Aug.	1, 1987 St	. Ign	atius Cemeter	y Forest	Hill	Harford	do Md.	
DHMH - 16 60M 7	7/84	HC	ward K.McC	Comas	III, Ak	oingdon, M	d. 210	009 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	E REC'D. BY REGISTA	AR 256, REGIST	RAR'S SIGNAT	URE	
(VRA 15, 4)		10	STORE T	-AFA	PARAME	- Dat	- Alvert	MINING JU	_				

### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CFI	RTI	FICATE	OF	DEATH	

0600	85 Jul	1 -	REGISTRAR		PARTMENT OF E	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	8 REG. NO. 2	0205
, p	4		CEASED NAME FIRST MABLE	(Johnson)	TRAY	LOR	JULY 14, 1987	DAY YEAR 2b. HOUR 4:45A
ge 4 may b	rs after death	3. SEX		4. RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS A.IN.
oth. Po	of Once	С	OUNTRY)  VA	7b. CITIZEN OF WHAT COUP	MARRIE		9 BALTIMORE CITY OR COUNT BALTIMORE CITY	MD.
وَ مُ اللَّهُ	3		Y OR TOWN OF DEATH BALTIMORE	(IF NOT INSUCHEACHUTY GIVE THE JOH	NS HOPKI	NS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Retired	12b. KIND OF BUSINESS OR INDUSTRY
AND 21	35	13a. S	MD *	NTY 13c. CITY OF		YES X NO	13e STREET ADDRESS / ZIP COI 1820 N. Colling	oton Ave. 21213
E, MARYL	500		THER'S NAME FIRST Mathews		tts	15. MOTHER'S MAIDEN NAM FIRST Bettie	MIDDLE	Scott
IMORE	Poges		(IF YES, GI	VE WAR OR DATES)	0-9723	Howard Shaven	ADDRESS rs 605 Benningha	nus Rd. 21212
W. PRESTON ST., BALTIMORE, MARYLAND 21201	remove carbo remotion, or re ner traumatic e		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.	nly one couse per line for (o), (ED BY: TE CAUSE (o)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON	SEQUENCE OF	DUMONALI OBSTRUCTIVE	1 ARREST PULMONARY DISE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5 MIN.
10 · · · · · · · · · · · · · · · · · · ·	permit. Then please prior to burning was any injury, or	CERTIFICATION		CONDITIONS CONTRIBUTION 19b. CONDITION FOR V			IN CERT	ES, WERE FINDINGS USED  TIFYING CAUSES OF DEATH?  YES NO DEATH?
DIVISION OF VITAL RECORDS, INC. PhySician. The law require offending physician.	e os the buriol-transity olth and Mental Hygier marked or Item 18 shav	CAL	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH	19	21c HOW INJURY OCCURR 211. LOCATION STREET	ED (ENIER NATURE OF INJURY IN ITEM 18	
OR ATTEND te hospital o	ached for us Dept. of He		22a l certify that (1) (his hasp saw the deceased alive or obove, (1) (was faid) (did no 22b, SIGNATURE)	and the same of th	97	PEGREE ATTENDING	death accurred on the date and ha	22c. DATE SIGNED
TO HOSPITAL retained by th	should be der with the State IMPORTANT:	22c P	22d PHYSICIAN'S NAME (TYPE OF HOWA)	20 BAUM	122. NAME OF C	THE JOH	INS HOPKINS	HOSPITAL
BP			URIAL, CREMATION, REMOVAL BURIAL	7-18-87	The second second	re Cementary	Baltimore,	COUNTY STATE MD
	6 60M 7/B4	24 FU	NERAL DIRECTOR	1	ORESS.		REC'D. BY REGISTRAR 25). REGIS	STRAR'S SIGNATURE
	15, 4)	Ma	rch Funeral Hor			rth Ave.	L. 1 1481 Julia	Davidson Rendals

Britis.

BP.

DHMH - 16 60M 7. (VRA 15, 4)

061300

John Triplett Vivian Whitach  Whitach  Whitach  Whitach  Wes No Or unknown  Yes No Or unknown  Yes No Or unknown  Yes Order war or Dates  W.W. II 275/03/1029 Mrs. Margaret H. Triplett Same as  Reflect No. Margaret H. Triplett Same as  Refle	Geneacto 21225 her # 13
BALDWIN TRIPLETT  3. SEX  Male  White  March 15, 1987  71  71  72, 87  71  78, 80  71  71  78, 80  71  78, 80  71  71  71  71  71  71  72, 80  71  71  72, 80  71  72, 80  71  72, 80  71  72, 80  72, 80  73  74  75  75  76  76  77  77  78, 80  71  78, 80  71  71  78, 80  71  71  72, 80  71  72, 80  72, 80  73  74  75  75  76  76  77  77  78  80  80  80  80  80  80  80	FBUSINE Geneact o
BALDWIN TRIPLETT  3. SEX  Male  White  March 15, 1987  71  71  72, 87  71  78, 80  71  71  78, 80  71  78, 80  71  71  71  71  71  71  72, 80  71  71  72, 80  71  72, 80  71  72, 80  71  72, 80  72, 80  73  74  75  75  76  76  77  77  78, 80  71  78, 80  71  71  78, 80  71  71  72, 80  71  72, 80  72, 80  73  74  75  75  76  76  77  77  78  80  80  80  80  80  80  80	FBUSINE Geneact o
3. SEX   Male   White   March   15, 1987   71   728   71   728   71   728	FBUSINE Geneact o
Male White March 15, 1987 71    March 15, 1987 71   March 15, 1987	FBUSINE Geneacto
BIRTHPLACE   STATE OR FOREIGN ON ON DEATH OUT ON	Geneacto 21225 her # 13
Conditions, if any, which gover rise to liminediate couse for institutions, of the rest	Geneacto 21225 her # 13
Baltimore    11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFFOOT WORK FOR MOST OF WORKING LIFE) (INDUSTRY (CONTR.)    13. STATE	Geneacto 21225 her # 13
USUAL RESIDENCE (IF NUMBING HOME OR OTHER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY Anne 131 CITY OR TOWN Maryland Arunde Baltimore  Lost Wish 130 COUNTY Anne 131 CITY OR TOWN Baltimore  132 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 136 STREET ADDRESS / ZIP CODE 137 OR MAIDEN NAME 138 STATE 139 STREET ADDRESS / ZIP CODE 130 STREET ADDRESS / ZIP CODE 130 STREET ADDRESS / ZIP CODE 130 STREET ADDRESS / ZIP CODE 131 MIDDLE 14 ST 15 MOTHER'S MAIDEN NAME 15 MIDDLE 16 SOCIAL SECURITY NO. 17 INFORMANT (Wife)  WW. II  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  19 DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	21225 her # 13
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE  Maryland  Arunde  Baltimore  131 I. COUNTY Anne Baltimore  132 II. COUNTY Anne Baltimore  133 III. INSIDE CITY LIMITS? 134 III. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 6960 B. & A. Blvd.  15 MOTHER'S MAIDEN NAME FIRST  Vivian  Whitach  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  YES  W.W. II  17 INFORMANT (Wife)  ADDRESS  WES  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY.  Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	21225 ner # 13
Maryland Arunde Baltimore    Maryland   Arunde   Baltimore   YES   NO   Maryland   15. MOTHER'S NAME   16. SOCIAL SECURITY NO.   17. INFORMANT   Whitach   16. SOCIAL SECURITY NO.   17. INFORMANT   Wife   MODIE   Whitach   17. INFORMANT   Wife   MODIE   Whitach   18. MODRESS   16. SOCIAL SECURITY NO.   17. INFORMANT   Wife   Margaret   Modified   Margaret   Modified   Margaret   Modified   Margaret   Modified   Margaret   Modified   Modified   Modified   Modified   Modified   Modified   Mode   Modified   Modif	# 13
John Triplett Vivian Whitach  Whitach  Wes Deceased ever in u.s. armed forces? Is social security no. It informant (Wife)  Yes W.W. II 275/03/1029 Mrs. Margaret H. Triplett Same as  Is cause of Death (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  Due to, or as a consequence of couse (a)  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00	# 13
John Triplett Vivian Whitach  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  175. NO OR UNKNOWN)  Yes W.W. II 275/03/1029 Mrs. Margaret H. Triplett Same as  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY,  MMEDIATE CAUSE (a)  Cardio pulmonary Arrest  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	# 13
160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160. SOCIAL SECURITY NO.   17. INFORMANT (Wife)   ADDRESS   YES NO OR UNKNOWN)   (IF YES GIVE WAR OR DATES)   275/03/1029   Mrs. Margaret H. Triplett Same as   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   PART 1. DEATH WAS CAUSED BY:   Cardio pulmonary Arrest   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF	# 13
Yes W.W. II 275/03/1029 Mrs. Margaret H. Triplett Same as    B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   PART I. DEATH WAS CAUSED BY,   IMMEDIATE CAUSE (a)   Cardio pulmonary Arrest   PROPERTY      Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost.   OLE TO, OR AS A CONSEQUENCE OF     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	MATE INTER
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  UNDERTOO OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	MATE INTER
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Cardio pulmonary firest    Due to, or as a consequence of Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost.    Due to, or as a consequence of Chronic Kyelogenovs Leukenia in Blast phase   15	
Conditions, if any, which gave rise to immediate cause (a), stating cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	in
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  Colored Education Conditions Contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
gave rise to immediate cause los, storing the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 to 1 to 1 to 1 to 1 to 2 to 3	
underlying cause lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	MOR
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES!  YES NOW YES 1	
YES NO YES THE YES THE NEW YES THE YES	GS LISED
YES NOW YES	OF DEAT
216, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NO [
WE CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	
	51
AT WORK AT WORK	
	hat (1) (v
abave (B (we) faid (did nat) view the bady after death.	
Taware & Har HD ATTENDING MEDICAL STAFF 1/2 DAYS CLAND DIRECTOR DELYS CLAND DIRECTOR DELYS CLAND	SIGNED
PHYSICIAN DIRECTOR PHYSICIAN 1/2	3/8/
22d PHYSICIADIS NAME (TYPE OR PRINT) 22e ADDRESS	1
Lawrence & Kass Lock Raven Phr.	0
236. BURIAL, CREMATION, REMOVAL 136. DATE July 28, Loudon Park Cem. 23d LOCATION CITY OR TOWN Baltimore City, Mary	
Entombment July 28, Loudon Park Cem. Baltimore City, Mary	51
Singleton Funeral Home Glen Burnie Md. 250 DATE RECO. BY REGISTRAR'S SIGNATURE SINGLETON FUNERAL DIRECTOR SIGNATURE AND SINGLETON FUNERAL DIRECTOR SINGLETON FUNERA	land

DHMH - 16 60M 7/8 (VRA 15, 4)

CT	ATE	OF	MADVIAND	
21	SIA	Ur	MARYLAND	

1	1.	FOR STATE REGISTRAR		DEPARTMENT O	F HEALTH AND		1	c.20 0	2 0	7
+	(TYPE	CEASED NAME FIRST		), T	ROWE	2	20. DATE OF DEA	7- 0	7-87	8:43 M
	3. SE	FEMALE	1. RACE BLA	CK III	SOF BIRTH	1900	86 (IN YEARS L	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
at ance.	V	RTHPLACE (STATE OR FOREIGN	U. S.	A. MAR		MARRIED	BAL	nmor	E CIT	TY MD.
The state of the s	B	SALTIMORE	LIBER	TY MED	ICAL C	ENTER		MAKE	P INDUSTRY	HOME
r müşt be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR ARYLAND		ESIDENCE BEFORE ADMISSION OF TOWN	13d. INSIDE	NO [	3514 C	ESS / ZIP COD	N AVE.	0. mo, 21216
exordine		SHEDRICK	MIDDLE	NÃODY	Ce	'S MAIDEN NAM FIRST ARA	MIC		CAR	TER
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 S (E WAR OR DATES) 21	SOCIAL SECURITY NO S-3Z-260		animrs an L. H			UFTON	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for DBY: TE CAUSE (0)	or (o), (b), and ici.i	SHOW				APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
naburial, cremation, njury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (SELECTION)	(b) DUE TO, OR AS A (c)	A CONSEQUENCE O  A CONSEQUENCE O  IBUTING TO DEATH B  CATORY	F BUT NOT RELATE	D TO THE TERMIN	NAL DISEASE OR	CONDITION GI	VEN IN PART 1	0
400	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERA			20a AUTOPSY?	IN CERTI	S, WERE FINDIN	
18 mm		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DAY YE	21c. HOW I	NJURY OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM 18	PART 1 OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC	211 LOCAT	ION	CITY	OR TOWN	COUNTY	STATE
21 15 ms		22a I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	7-9	19 17		) (our) opinion de	eoth occurred on	the date and ha		that (I) (we) lost couses stated
AT. # Nen	100	SULL T D	wong	•	DEGREE		MEDICAL DIRECTOR PI	STAFF	72c. DATE	9-87
WPORTAL		BICH T	DUON G		LIPS	ERTY	MEM	CAL C	ENTER	} ***
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 7/17/19	987 BALTI		TIONALCE		more,	COUNTY	mo,
)M 7/84	24 1	TOI GWYNNS FA	IERAL H	RALTO, MI	NC,	1 10 00	15 1987	TRAR 256 REGIS	TRAR'S SIGNAT	NRE COLOR

THE ASSESSMENT OF THE PARTY OF			
	ach e n		
ENLISHORE CITY	<b>*</b>	1 2 6 2 10	MIRCHAR
Home Hard Branch		901 V 12 30 4	BAUT MORE
2.14 CULTON AVE. BIZEL		emma-et E.S	
AND YOUR SHOWS AND	FLYHAD IV	Status	24(60X lets.
THE STATE OF TORING	L. J. ARLENLESS	215-3232	
AND A SECOND			
STEPHEN STORY			
a verreer, mb,	THE POSTS WELL	A STELL	VAVSUACE COM
	AUC CAS AN		7.7.7.7.4

DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR Brown/Thompson F.H. P.O. Box 4433

08-01-87

Burial

Calvary Cemetery Baltimore, Maryland

150 Date REC'D. By REGISTRAR 75 SIGNAULT

111 21 1007 Film Junior

3 5

must be metilied at once

STATE	OF MA	RYLAND
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01	REGISTRAR			CEKITE	ICATE OF DEATH	REG.	<i>д</i> ь. 0	2 0	1
	CEASED NAME FIRST		MIDDLE		TAST CALL	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOU
			mpbell		LLOCH	July 17	·		3:4
3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER
	Female	White		Mar	12 1921	66	YRS		
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
_	cotland	U.S	.A.	WIDOWE		Balti	more C.	ity	
10. €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINE
1	Baltimore	Ma	ryland Ge	neral	Hospital	Asst. To			nking
Ú5U.	IAL RESIDENCE HE NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
	Md.		Balto.		YES NO	3900 N.		es St	2121
14 FA	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	John	MIDDLE	Tulloch		Lilv	Ann		Cam	bell
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDI	RESS	Carri	
(	(YES, NO OR UNKNOWN) [IF YES	GIVE WAR OR DATES)	213-16-	5300	Eugene W.	Mayhonne	Bal+	oM	1.
					Lagerie W.	TVICEY FOI TIE	Dust		CIMATE INTER
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe USED BY:	Cardi	ac sh	ock				hour
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	DR AS A CONSEQU	ENCE OF	piratory fail structive pul		ease		
NO	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEQUE CHEON	ENCE OF 10 Obs		moanry dise	NDITION GIVE	1	0 yea
TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEQUE CHYON ONTRIBUTING TO HEMOP	ENCE OF 1C Obs DEATH BUT	structive pul	moanry dise	NDITION GIVE Sis 20b. IF YES, IN CERTIFY	1	INGS USED
CERT	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO. C  (c)  17b CONE  17b CONE  F DEATH HOUR A	OR AS A CONSEQUE CHYON ONTRIBUTING TO HEMOP	DEATH BUT	structive pul NOT RELATED TO THE TERM secondary to	moanry dise  MINAL DISEASE OR CO  tuberculos  200 AUTOPSY?  YES \( \) NO \( \)	20b. IF YES, IN CERTIFY	WERE FIND	O yea
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO. C.  19b. CONE  21b. TIME (  F DEATH  AINER)  21e. PLACE	OR AS A CONSEQUENCE CHEON CHEON CHEON CONTRIBUTING TO HEMOD DITION FOR WHICH CONTRIBUTION FOR WHICH CHEON CH	ENCE OF 1C Ob: DEATH BUT TYSIS OPERATIO	structive pul  NOT RELATED TO THE TERM  secondary to  NOW WAS PERFORMED	moanry dise  MINAL DISEASE OR CO  tuberculos  200 AUTOPSY?  YES \( \) NO \( \)	NDITION GIVE S.I.S  20b. HF YES, IN CERTIFY YES  JURY IN ITEM 18 PA	WERE FIND	O yea
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MEDICAL CERT	gove rise to immediate couse (a), stating the underlying cause lost of the underlying cause lost of the underlying cause lost of the underlying cause of the underlying cause of the underlying	DUE TO. C  (c)  NT CONDITIONS C  196 CONE  198 CONE  198 CONE  216 TIME ( HOUR A HOUR A HOUR A HOUR A  216 PLACE (AI HOME S  OSpital) ottended t e an July  Month of the bad  VYPE OR PRINT)  TOWNShe	OR AS A CONSEQUE CHYON C	DEATH BUT  TYSIS  AY YEAR  19  FARM ETC1  Febri  87, or	Structive pul  NOT RELATED TO THE TERM  SECONDARY TO  ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  SIREET  WATY 21, 19 8  nd that in (m) (m) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS  C/O Ma	MOANTY dise  MINAL DISEASE OR CO  tuberculos  200 AUTOPSY?  YES NOS  RED (ENTERNATURE OF IN  CITYOR)  MEDICAL DIRECTOR PHYS  Tyland Gene  230 LOCATION	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA TOWN  AFF	WERE FIND TING CAUSE COUNTY  9 87 and from the	O yea
MEDICAL CERT	gove rise to immediate couse lost couse lost underlying cause lost part 2 OTHER SIGNIFICAL 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED AT WORK  220.1 certify that 30 (this has a with deceased allow above 31 (we) (did) 32 22b. SIGNATURE	DUE TO. C  (c)  NT CONDITIONS C  196 CONE  198 CONE  198 CONE  216 TIME ( HOUR A HOUR A HOUR A HOUR A  216 PLACE (AI HOME S  OSpital) ottended t e an July  Month of the bad  VYPE OR PRINT)  TOWNShe	OR AS A CONSEQUE CHEON CONTRIBUTING TO HEMOP DITION FOR WHICH OF INJURY REEL, FACTORY, OFFICE, office deceased from 19 office	DEATH BUT  TYSIS  AY YEAR  19  FARM ETC!  Febri  87, or	Structive pul  NOT RELATED TO THE TERM  SECONDARY TO  IN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION SIREET  UARY 21, 19 8  nd that in (m) (m) (our) opinion  DEGREE  PHYSICIAN  122e. ADDRESS	TOP TO THE CONTROL OF	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA TOWN  AFF	WERE FIND TING CAUSE COUNTY  9 87 and from the	O year

DHMH - 16 60M 7/84 (VRA 15, 4)

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Fonce M. Janein & Fonce Balto. Md.

# STATE OF MARYLAND

**IYGIENE** 

EPARI	MENI	UF	HŁA	FIH	AND	MENTAL	Н
	CE	RTI	FIC	ATE	OF	DEATH	

- STATE REGISTRAR					ICATE OF DEAT	TH .	8 /	REG. NO.	2	0210		
	CEASED NAME FIRST		WIDDLE		LAST 20 DATE OF DEATH MON					DAY YEA	R 2b.	HOUR
{TYPE	CRESS	WELL		TU	RNER		JUNE		29,	198	7	8:15 <sup>P</sup>
3. SE	X	4 RACE		5. DATE O		YEAR	6. AGE (IN YEA	RS LAST BIRTH	DAY)	MONTHS DA		JNDER 24 HRS
	М	В		9		09		7	7 YRS			7.11
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8	DEVER MARK	urp []	9. BALTIMOR	ECITY OR	COUNT	Y OF DEATH	1	
	COUNTRY)		7				DATE	0	r msz			MD
10 C	CITY OR YOWN OF DEATH  11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A			RSING HOME	NG HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION						D OF BI	JSINESS OR
	RALTO.	CHUR	CH HON	ME HOSI	PITAL						C	-
	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	UNTY	13c. CITY OR		13d INSIDE CITY L	IMITS?	13e.STREET AD	DDRESS /	ZIP COD	E del	41	0
	MD.		BALT	o.	YES NO		5220	Yorl	s Ro	3.		
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA	IDEN NA		MIDDLE			LAST	
160 \	WAS DECEASED EVER IN U.S.	A PANED ECRCES?	+	SECURITY NO.	17 INFORMANT			ADDRES	S		_	
		GIVE WAR OR DATES)	TOD SOCIAL.	DECORITT 140.	II WOMAN				100			
	NO		1213 - 0	<u> </u>	9 CHURC	H HC	OME HO	SPIT	<u>AL</u>			E INTERVAL T AND DEATH
TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>C</u>		TO DEATH BUT						VEN IN PAR		ACCE.
CERTIFICATION	198. DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATIO	ON WAS PERFORME	D	200 AUTOP		IN CERTI	IFYING CAU	SES OF	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMS	DEATH HOUR A		DAY YEAR	21c. HOW INJURY	OCCURF	RED (ENTER NATU	IRE OF INJURY	IN ITEM 18	PART I OR PART	2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET			CITY OR TOW	N	COUNTY		STATE
	220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on		om MAR	and that in (my) (our	9 <u>87</u> ) opinion (			29 e ond ho		the cou	
	22b. SIGNATURE	erne	ne	el soal	PHYS	NDING SICIAN [			AN 🗌		ATE SIG	
	1	BEENA NA	JPAL		220 ADDRESS 100 N.		RCH HO OADWAY				RAT	ION 2123
	BURIAL, CREMATION, REMOV (SPECIFY)		-87	23c. NAME OF C	CEMETERY OR CREA	MATORY	23d. LOCAT	ION R TOWN		COUNTY		STATE
						105 5 4 7	E DECID DV DE	CICTDANIA	11 05016	270 4010 010		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

etoined by the hospital or ottending physician

BP.

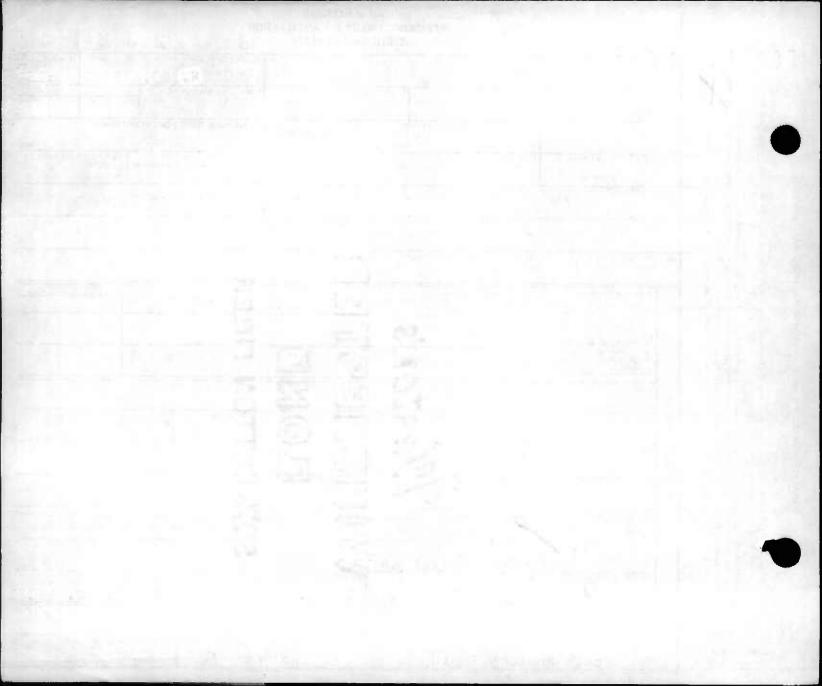
(VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

State Anatomy Board

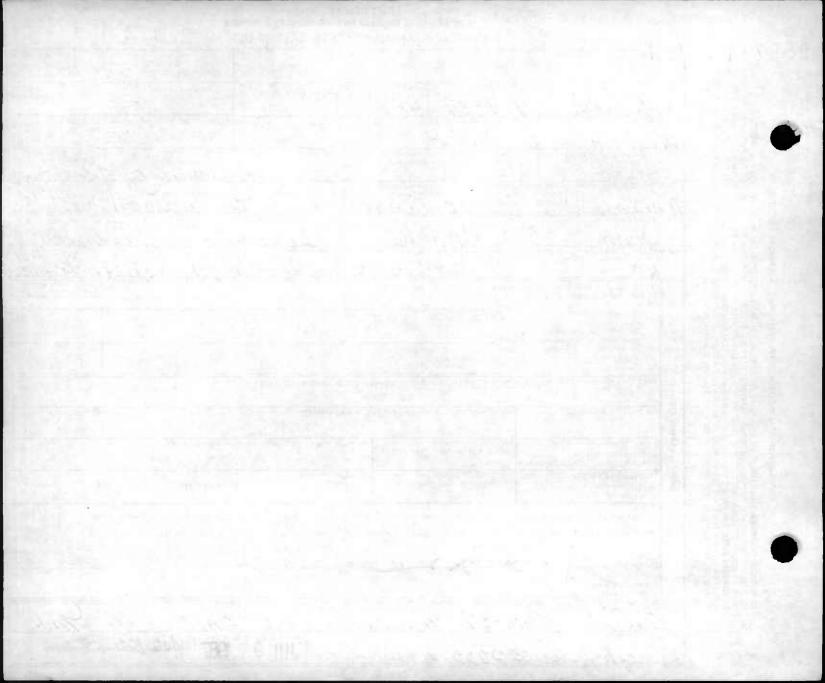
JUL 8 Julia Dividson Kandall



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2 REG. NO.	Gum

					STATE OF A	MARYLAND				
		1.	FOR STATE				4.00		1 1	
		1.5	REGISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE	FDEATH 2	DEC NO GO		
9	1.1-1-11		CEASED NAME FIRST	MIDDLE		LAST		OWN - MONTH	DAY YEAR	7b HOUR
		(TYF	E OR PRINT)	C- 3	m		OF E	STI-		1000
	ASE OR OR EET			ford				25 / 1	1,0,	M
	지원 교육 등	3. SE	4. RACE	5. DATE OF BIRTH					DAY YEAR	8 135
	NZ ZOUR	m	Ale Col o	4-9-39	48 YRS	HOURS HOURS	DEAD		1987	A
	SA SE		RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMOR	E CITY OR COUNT		
	品点点	17	REIGN COUNTRY)	11.56	/		- Dalla	more City	7	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN 72 HOURS W. RESTON STREET,	10.0	TY OR TOWN OF DEATH	UI SIAME OF HOSDITAL NIL						MD.
	PAGE 5 PAGE 5 SE FILED, V		0	(IF NOT IN SUCH FACILITY, GIVE S		TEK INSTITUTION	FOR MOST OF WORKING	LIFE),		
	A D A H S		Baltimore	1804 N. Small			Kond Wo	rker 3	Tate of	money
5	ANY DELA AND 3 TO RETAIN PA HOULD BE F RECORDS:	13g. S	L RESIDENCE (IF IN NURSING HOME O			had awons cury inneres	12. STREET ADDRESS	4 (	Ta	21/2/20
212	ANNAN	1	mulmad sicon	Bo	17		2011 IV	promites	Angol	410
0	= 2000	14 E	ATHER'S NAME	1019	11111111		NI NI AME	3100000	1100	
*	H. W.	-	(*)	MIDDLE /	LAST	FIRST	MIDDL	· T.	LAST	
ORE	O S S G C	_	John	An	May	1001		10	KIDER	)
M			VAS DECEASED EVER IN U.S. ARA	MED FORCES? 186 SOC WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	11 11	DDRESS	GAL	21217
ALT	A G B S S S S S S S S S S S S S S S S S S		NO	218	-62-5462	Mrs. COPYA	Aldine, Who.	0/001134	me	m Mio
	JRS AFTER 3. GIVE PA WITH FOR I. PAGES I DIVISION		IIL CAUSE OF DEATH (Enter only	y ane couse per line for (a), (b	ond (c) )	111111111111111111111111111111111111111	101101411	1081121		
ST	D Z O Z H,		PART I DEATH WAS CAUSED	BY:					BETWEEN ONSET	AND DEATH
O	X E O E E E		IMMEDIAT			athy	-			
EST	THIN Z		Conditions, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF					
4	PENCIL III		gave rise to immediate	(b)						
3	XAMINE XAMINE XAMINE AL - TRAN MENTAL N, OR RE		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF				TIQUES.	
201	DE EXECUTEI SENDING" IN I WEDICAL EXA AS A BURIAL ALTH AND M CREMATION,		Tyring coose last.	(c)						
DS.	ATIO	100	PART 2 OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR	I lun			10
RECORDS,	SAA	Z	State of the state							
REC	- III	1 5	190. DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION W	AS PERFORMED?			120 ALLTOREYS	
¥	ATE SHOULD THE CHIEF A TUD BE USED. MENT OF HE. TO BURIAL,	MEDICAL CERTIFICATION		The Contamonton	Willen of Examoly V	ASTERIORNED:				
DIVISION OF VITAL		Ē								NO 🗌
OF	CERTIFICATE SI TING THE WO DED TO THE O 3 SHOULD BE DEPARTMENT I PRIOR TO BU	U	210 EXTERNAL CAUSE WAS	11b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. H	OW INJURY OCCURRED	O (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	7 2)	
N	SEOSES	3	CONTRIBUTING CAUSE OF D		19			,		
ISI		ä	21d. INJURY OCCURRED	21e PLACE OF INJURY				THE CALL		
Š	VRITIN VRITIN ARDED GE 3 S GE 3 S TE DEP 201 PR	3	WHILE NOT WHILE T	STREET, FACTORY, FARM, E	TC.)	STREET	CITY OR TOWN	COU	INTY	STATE
	ISSA4-		AT WORK AT WORK			(33)		7		
	A HONGE		220 I certify that I took charge	e of the remains described abo	ve, held on Autap	sy X, Inspection	, Inquiry	, and in my ap	inion	
	NE PETE		death resulted from: A Nature	ol causes X, Accident	Suicide .	. Homicide	Undetermined monne	er D		
	ARY ARY		// -							
	30505X		ACTUAL SIGNATURE	Tolar			oio£	DATE	7 5 07	
	SEA SE	1	SIGNATURE	-	TUTNEY    TOTAL   TOTA					
	W C C C C C C C C C C C C C C C C C C C		EXAMINER'S NAME	3 14 51		111 Do	onn Chanal	Dalla N	m 01001	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STAND AS THE PARTIMORE, MARYLAND, 2		(TYPE OR PRINT)	Ann M. Dixor				Balto.,N	ID 51501	
		23a. B	JRIAL, CREMATION, REMOVAL 23	3h DATE ON 23c 1	NAME OF CEMETERY O	RCREMATORY	23d LOCATION	DUN	TY ST.	ATE /
/84	BP	1	DURIAL	1-10-8/ /1	Rhulus	nem ink	DAIR	1- 60%	m	d.
M	DHMH - 17	24 F	INERAL DIRECTOR	ADDRESS	11			REGISTRAR'S ST	GNAWRE	7
	(VR A15 ME (5))		1540h 1.111	155 2235 11	North A	ve III	9 196/	Intro Design	in Congress	6
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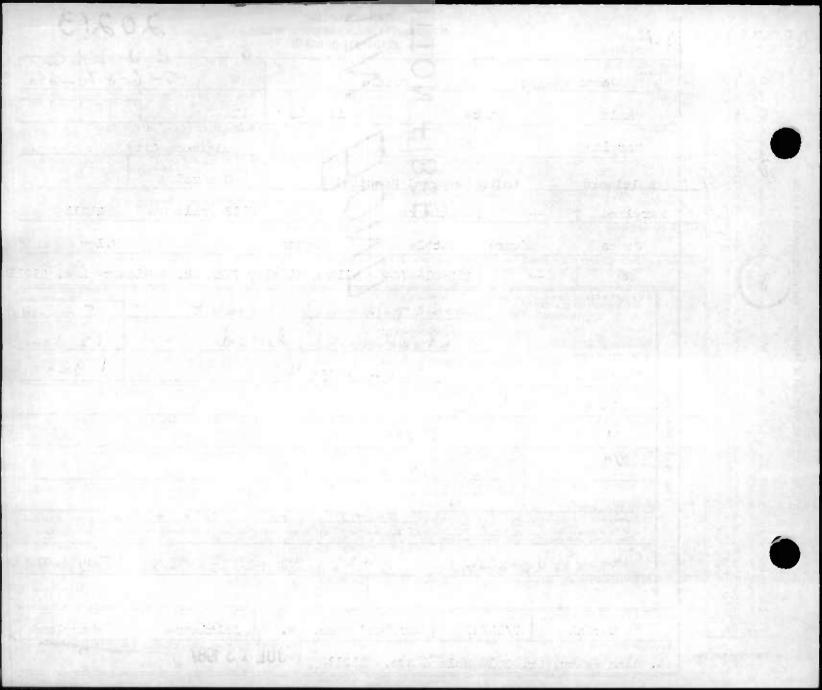


BEGISTRAR  TENDE  TIPE  C. TURNIPSEED  1. SEK  FEMALE  S. DATE OF BERTH  DAY  SECURITY  FEMALE  S. DATE OF BERTH  DAY  SECURITY  S. CITIZEN OF WHAT COUNTRY?  S. STREET ADDRESS / ZIP CODE  6839 West Ridge  Road  S. CITIZEN OF WHAT COUNTRY?  S. CITIZEN OF WHAT COUNTRY WHAT WH	12														
	HOUR														
	60d	N	1:5E			RACE	L.				6. AGE (IN YE	ARS LAST BIRTHDA	Y) IF UP	NDER I YEAR IF	UNDER 24 HRS
	4 5	1		female		bla	ck		24	1924	62			HS DAYS H	OURS MIN.
9	Secth. Po	185		West Virgin	ia		WHAT COUNT	MARRIE	NEVER	MARRIED -	9 BALTIMOR Baltir	nore city	OUNTY OF	DEATH	MD.
107	by the t	90	Ba	altimore		DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH  COUNTY OF DEATH  COU	Villa St Michael N/H		(TYPE OF WORK FOR MOST OF WORKING LIFE)						
7	filled o	35	3a :	STATE Md 13	HOME OR O	THER INSTITUTION Y			YES 🗀	NO 🕅	6839	REG. NO.  DARE OF DEATH MONTH DAY YEAR 26 HOUR  AGE (IN YEARS LAST BIRTHDAY)   IF UNDER LYEAR IF UNDER 24 HRS.  AGE (IN YEARS LAST BIRTHDAY)   IF UNDER LYEAR IF UNDER 24 HRS.  BALTIMORE CITY OR COUNTY OF DEATH  Baltimore city   MD.  ISSUAL OCCUPATION   126 KIND OF BUSINESS OR INDUSTRY  Retired   INDUSTRY   INDUSTRY  Retired   Gray  ADDRESS   ADDRESS / ZIP CODE   G839 West Ridge Road 21207  MIDDLE   Gray  ADDRESS   Gray  ADDRESS   GRAY   GRAY   GRAY   GANGE   GANGE			
MAKI	free and	OBC	E.	lie FIRST			Jorda		Ir	ene	WE			Gray	
IIMORE		12		YES, NO OR UNKNOWN) (							seed		West		
AND THE PROPERTY OF THE PARTY O	carried by the Wending physic	her phase rending about 200 but to burned to burned cromostic to the country, or other traumable event, it	NO	Canditians, if any, w gave rise to immed cause to, stating underlying cause	MEDIATE hich liate the last.	BY: CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF	R AS A CONSE	OUENCE OF	NOT RELATED	DELL &	A F	ORCONDITIO	ON GIVEN II		ET AND DEATH
AL MELON	for live is for.		RTIFICATE					IICH OPERATIO		FATT	YES 🗌	NO IN	CERTIFYING	G CAUSES OF	DEATH?
NO N	presses salve anding physic the certificat	do Nertol Hy	MEDICAL CE	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	SE OF DEATH	HOUR A./	M. MONTH M. OF INJURY	19	211 LOCATIO	ON	ED (ENTERNATI				STATE
	SUBINE OF THE	d for one on to a of Health o m 21 is marke		saw the deceased	alive on	7-9		9 F7. or		, 19	, tadeath accurred	7-16 on the date o	, 19 d	fram the cau	uses stated
•	by the h	State Dep	1	22d, PHYSICIAN'S NAM	LIVE OF P	2 Bo	-686	/	40	PHYSICIAN [				777-	SNED
	TO FUNER	should be with the S awpost A	22- 7	HAROLD	B.	Bo		22. NAME OF S	722	o Par	16 14e		, Are	212	08
	вР			SPECIFY) Burial	MOVAL	7/20/	/87	Lakevie		rial		'sv111e		UNTY	5Md
D	HMH - 16 (VRA	60M 7/84 15, 4)		m. C. March F/	H West	t 4300 Wa	abash Âve	enue		JUL JUL	1 / 198	GISTRAR 256.	REGISTRAR	SSIGNATUR	Latte.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20213

9371 JUL	ή.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYPERTIFICATE OF DEATH	GIENE REG. NO. 2	0213
noy be page 3		CEASED NAME FIRST CORPRINT)  James Edv	niod Ja <b>r</b> d		ttle	20. DATE OF DEATH MONTH	6-87 4:45AM
tor.	3. SE		4 RACE White		DATE OF BIRTH  MONTH  06  19  15	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Pogram. Pogram in hours		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WH	M	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT Baltimore Ci	
1 44		Baltimore	Union 1	CILITY, GIVE STREET ADDRE	Iospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	126. KIND OF BUSINESS OF INDUSTRY
talled in could be	13a. S	at residence (# nursing home state 136 co aryland	UNTY 13c	eresidence before admi .CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS?  YES █ NO □	13¢ STREET ADDRESS / ZIP COI 4113 Falls Roa	d 21211
The state of the s		James	Edward	Tuttle	15. MOTHER'S MAIDEN NA Martha	WIDDLE	Wiley
3		VAS DECEASED EVER IN U.S. YES, NO GRUNKNOWN) (IF YES,	CIVE WAR OR DATEST	212-01-474		ley 37th St. & H	
a physical company of the company of		18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU IMMED	only one couse per line SED BY: IATE CAUSE (o)C	lorial, (b), and ic.	ulmonary o	trest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death or ove corb storn or roumptic		Conditions, if any, which	DUE TO, OR AS	IN TYO	. \	leed	12 hon
that the d by the ease not oil, crem or other t		couse (a), stating the underlying couse last.	DUE TO, OR AS	S A CONSEQUENCE	agulo path,	1	1 year
requires en sghe or to burn y injury, o	NO	PART 2. OTHER SIGNIFICAN	failwr	^	H BUT NOT RELATED TO THE TERA	ainal disease or condition g	
os be sermine prin	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPE	RATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TEYING CAUSES OF DEATH? YES NO NO
Z > COI 00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M.	MONTH DAY	YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
G Pl orten the ond ked	MEDICAL	21d INJURY OCCURRED N	A 21e PLACE OF	INJURY FACTORY, OFFICE, FARM, E	211 LOCATION N	1 A CITY OR TOWN	COUNTY STATE
TEN TOR: or us of He	18	220.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	on JULY !	1987	ond that in (my) (aur) opinion	death accurred on the date and he	, 19_P7, that (1) (we) law our and from the couses stated
L DIR		726. SIGNATURE	tharama	\	DEGREE  ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	July 6, 198
TO HOSPITAL TO FUNERAL should be dere with the State		22d. PHYSICIÁN'S NAME (146	E OR PRINT)	4	22e ADDRESS		
Bb Of S A A A	23a. I	BURIAL, CREMATION, REMOV  SPECIFY)  Burial	236 DATE 7/13/87		of CEMETERY OR CREMATORY Land mem. Pk.	23d LOCATION CITY OR LOWN Baltimore	COUNTY Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Alan Seitz,	Jr. 3818 F	Roland Ave	2. 21211 250 DA	TE REC'D. BY REGISTRAR 256. REGI	



# STATE OF MARYLAND

REG. N	10. 2	0	2	1	الم
TE OF DEATH	HINOM	DAY	YEAR	2b. H	OUR
TITY OF	TIOR	7		130	,5

JUL 2	9181	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 / REG. NO. 2	0214
		CEASED NAME FIRST JOHN	LOUIS TW	IST	LAST	JULY 25, 1987	DAY YEAR 26 HOUR
	3. SEX		4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
of core	7a. BI	ALF RTHPLACE (STATE OR FOREIGN OUNTRY) ARYTIAND	WHITE 76 CITIZEN OF WHAT COUNTRY  USA	FEB.	09 1921  ED NEVER MARRIED DIVORCED	66 YRS 9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	
De la Company		TY OR TOWN OF DEATH BALTTMORE  ALRESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SATINT AGNES H	OSPITA	AL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI WARTHOUSEMAN	126 KIND OF BUSINESS OF INDUSTRY FACTORY
35	13a. S	TATE 136. COUN BALTI	TY 13c. CITY OR TOV	WN	13d, INSIDE CITY LIMITS? YES NO S  15 MOTHER'S MAIDEN NA. FIRST	13e STREET ADDRESS / ZIP CODE 4312 HIGHVIEW A	
\&\_\(\)	_	ENRY TWIST	MED FORCES? 166 SOCIAL SEC	LIPITY NO	CAROLYN GE	ISELMAN ADDRESS	
medic		ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 218-01-5		JOANNE URICH		ROAD 21207
or other traumatic eve		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENT OF THE CONSEQUENCE OF T	JENCE OF	above kne mellitus	e Ampolation	
Young any minry.	CERTIFICATION	Atteroscis	196 CONDITION FOR WHICH	ARY.	Archery dis	YES NOW YE	ULER discre s, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
199	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ped or	WED	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mar		220-1 certify that the hospit sow the deceased live on	ol) trended the deceosed from 19	77		death occurred on the date and how	19 g that we we as
# + F		224 PHYSICIAN'S NAME (THE O	era Socho	1	DEGREE  ATTENDING PHYSICIAN [ 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
APORTA		BARDAR	a Socho			AVE. BALTO. MD	21229
	(	SURIAL, CREMATION, REMOVAL SPECIFY)			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-	B	JRIAT.	07/29/87 I	ONDON	PARK CEMETER	Y BALTIMORE CIT	Y MARYLAND

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR NAME

AMBROSE FUNERAL HOME

ADDRESS

2 4 moy be

filled in by the funeral director, page 3 **G** postable filed within 72 hours ofter death

59 9

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

MEIAL OL	LIFWEILL	WILL IMPILIA	
CERTI	FICATE	OF DEATH	

1 -	STATE			-	CERTIF	ICATE OF DEATH	0 /	- 1	2 0	2	2
07		RANK I		AIDDLE		AST	Q /	REG. NO	-	nom Bulgaria ()	V
	ORPRINT)	FIRST	1.	NIDOLE		ASI	20 DATE OF	DEATH	MONTH 7 D	AY 13YEAR 8	726. HOUR
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3. SE)	(	4	RACE		5. DATE C		6. AGE IN YE	ARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS
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-	ALIFORNIA		115	A	WIDOWE		Rat	time	77	City	MD.
_	TY OR TOWN OF DEA	TH 1	1. NAME OF H	OSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL O			12b. KIND C	OF BUSINESS OR MERCHANT
D	altimar.	//-		H FACILITY, GIVE STRE		1 Shoek			WORKING LIFE		
OTISTIZ.	AL RESIDENCE (IF NURS		7			and TravA9	ENGINE	ER		MARIN	E
		13b. COUN		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET A	DDRESS /	ZIP CODE	1 01	
	Maryland	BALT	CIMORE	ARBUTU	JS -	YES, NO XX	5554	OAK	lan	d Ko	212-2-
14. FA	THER'S NAME	M	NDDLE	LAST	100	15. MOTHER'S MAIDEN NA	ME	WIDDLE			**
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	gove rise to imm couse (a), statin		DUE TO OF	AS A CONSEG	UENCE OF						
	underlying cause	lost.	(c)								
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CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	20b. IF YES,	WERE FINDIN	NGS USED
FIC	6/28 7/31	7/6/8"	2 bloods	ne ulcas	r 0000	bribe	VECT	NOU		ING CAUSES	
ERT	210 ACCIDENT WAS UND	ERIVING .	21b. TIME O	FINITIRY	1 peril	21c HOW INJURY OCCUR		NO [	YES		NO 🗌
	OR CONTRIBUTING	700	HOUD A		DAY YEAR	THE TIOW INJOHN OCCOR	VED TENIERNAL	DKE OF HAJOK	IN HEM IB FA	RITORPARTZ)	
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4ED	21d INJURY OCCURE	RED	21e PLACE (	OF INJURY BET, FACTORY, OFFIC	E. FARM, ETC 1	211 LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
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	22a I certify that	This hospite	of tended the	deceased from	6/	27 . 19 8	/	7/13	1	987	that-the we lost
-0.0	sow the decease	d alive on_	7/1	19	87. or	nd that in tay (our opinion	death occurred	on the do	te and hour	and from the	couses stated
	22b. SIGNATURE	lia piara not	view the body	offer deoth.	`	DEGREE				22c DATE	SIGNED /
	- Cin	CA	17m	-	m	) ATTENDING	MEDICAL	STAF		11	117/07
	22d. PHYSICIAN'S NA	AAE COURT OF	7 0		100	PHYSICIAN L	DIRECTOR	_ PHYSICI	AN	- (/	19/01
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	Imoth	14	1 + Lou			LL 10 aree	1001	Bul	1/1	(1) 6	1201
	SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCAT	TION G	ARRIS	QNNFOR	EST STATE
	BURIAL		7/16/8	37 I	MARYLAN	D VETERANS	OWING	S MII	LLS		MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please immore certificate betached for use as the burial-transit permit. Then please immore are remained with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remained.

retained by the haspital ar attending physician.

BP.

any injury, or other traumatic

IMPORTANT: If Item 21 is marked or Item 18 show

LEROXAM. RUSSELL C. WITZKE FUNERAL HOMES P.A. 1630 EDMONDSON AVENUE CATONSVILLE, MD. 21228

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

159925 JUL 1787 and a substitute

# STATE OF MARYLAND

	1-	FOR STATE SEGISTRAR		DEPARTA		ALTH AND MENTAL HYG	, ,	0 4		
4 U Z JUL 1		LASED NAME FIRST	- N	AIDDLE	LA	ST	REG. NO.	NTH DAY	YEAR	2b HOUR
5 25 XD	TYPE	CAROLIN		Margaret	. (1	14416	- DATE OF DEATH	7 20	87	10:15 PM
00	1 SEX		14 RACE	, 5	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHD)	IF UN	DERIYEAR	IF UNDER 24 HRS
20		F	u	/	MONTH	DAY YEAR	68	YRS.	DAYS	HOURS MIN.
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	* -	9 BALTIMORE CITY OR C		DEATH	
100		Maryland	USA		WIDOWED	NEVER MARRIED DIVORCED	BALTIMOR	E	CIT	Y MD.
24 6	0. CI	TY OR TOWN OF DEATH			IG HOME OF	R OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
140	B	ALTIMORE		GNES TREET		SPITAL	Cosmotologis	St Aids	POUSTRY Bea	auty Shor
1 6/	U5U/ 13a S	TATE 1 136 COU	NTY	GIVE RESIDENCE BEFORE	N I	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	P CODE		17/4
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2.7	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA				
N-KC		Peter	MIDDLE	Lux		Margaret	WIDDLE		Hof	fman
r 8		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS			
d 97	0	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	215-01-7	7367	Joseph P. Uh	lig, 1254 Ju	ne Road	£	
- E		O CAUCE OF DEATH . S - 1	-1	Carteria, the an	.d., .					MATE INTERVAL ONSET AND DEATH
0 A T		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	0.1	A M	Leadaris of	1	- 1	BE) WEEN	JNSET AND DEATH
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三日 皇 いいか		couse (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF					
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Crysta	CERTIFICATION	1 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WE	CAUSES	OF DEATH?
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	8	21a. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCUR	-/			.,0 📙
3 7	11-22-22	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR	YES NO D			1,0 []
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061870 AUG	-7	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH 8  REGNO.
sote be executed within 24 hours after death. Page 4 may be sisten and should be filled in by the funeral director, page 3 ppers. Pages out the medicine the filled in by the funeral director, page 3 val. 1, the medicine the filled with a 22 pours after death of the medicine the filled with a 22 pours after death of the medicine the filled with a 22 pours after death of the medicine the filled with a 22 pours after death of the 22 pours after death of the filled with a 22 pours after death of the 22 pours after deat	7a. t 10. C 130. L 14. F	BIRTHPLACE STATE OR FOREIGN COUNTRY)  BIRTHPLACE STATE OR FOREIGN COUNTRY)  A.  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY OR COUNTY)  BALTO . CITY  MD.  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY OR TOWN)  STATE  JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  TABLE  MODLE  TASI  WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  ADDRE
LECORDS, 201 W. PRESTON ST., the low requires that the death certifican. The bear signed by the attending phypermit. Then please remove corbangene prior to burial, cremotion, or removes any injury, or ather troumatic even	CERTIFICATION	PART I. DEATH (Enter only one cause per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  YES NO YES NO ON
DIVISION OF VIT HOSPITAL (A TENDING PHYSICIAN), oned by the Seption or offending physics FUNERAL DIRECTOR, after this certificate ould be detached for use as the burial-from the the State Dept. of Health and Mental Hys PORTANT: If Irem 21 is marked or Irem 18 s	MEDICAL CER	210. ACCIOENT WAS UNDERLYING   71b. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   71b. TIME OF INJURY ON A.M. MONTH DAY YEAR P.M. 19  21d. INJURY OCCURRED   21e. PLACE OF INJURY   AT WORK   NOT WHILE   NOT
PP		BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN BUILTO SMYD  UNERAL DIRECTOR  HOM AS T. SKREDA 2829 HUDSON ST. 100 BY REGISTRAR 256 REGISTRAR SIGNATURE  LOCATION CITY OR TOWN  250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE  100 DESIGNAL REMOVAL 2829 HUDSON ST. 100 BY REGISTRAR SIGNATURE  100 DESIGNAL REMOVAL 2829 HUDSON ST. 100 BY REGISTRAR SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

#23b,c,per F.H. 10/2/87 kgtaye of MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

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AVE BACT. NO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

IF UNDER 24 HRS

MD

IF UNDER 1 YEAR

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YES [

COUNTY

22c. DATE SIGNED

BACT. MD. /30/8 Balto. Nat. Cem. 23d LOCATION 230 BURIAL CREMATION, REMOVAL CITY OR TOWN STATE BAZTO. BURTAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DABROWSKI- 1005 DUNDAKK AV

CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL - TRANSIT PLEMI T OF HEALTH AND MENTAL HYGIENE URIAL, CREMATION, OR REMOVAL DIVISION OF VITAL RECORDS, 201 EXECUTE THE CERTIFICATE, WRITING THE WORD "I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFFER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL

CERTIFICATION

19a DATE OF OPERATION

EXAMINER'S NAME

230. BURIAL, CREMATION, REMOVAL 23b. DATE

(TYPE OR PRINT)

21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains devibed above, held on Autopsy Inspection and in my apinion death resulted from omicide Undetermined manner 7/30/87 ssistant DATE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED?

07/84 25M

**DHMH - 17** (VR A15 ME (5))

24. FUNERAL DIRECTOR

Smyth.

M.D

Dennis

23¢ NAME OF CEMETERY OR CREMATORY

Penn St. 23d. LOCATION

20 AUTOPSY?

YES [

NO XX

STATE

87

### STATE OF MARYLAND

LAST

5. DATE OF BIRTH

MIDDLE

James

White

4. RACE

J. Vicchio

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					I NJ.			
THPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	FDEATH		
lto Marylan	U.S.A.	• WIDOWED DIVORCED			Baltimore City	MD,		
Y OR TOWN OF BEATH	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CH FACILITY, GIVE STREET ADDRESS)			126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
altimore		Memorial		itah	Grounds/Superviso	r city parks dept		
L RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		A 124 INICIDE CITY HAVITCE	122 STREET ADDRESS / 718 CODE			
ryland	Baltimore	Baltimon	re		136.STREET ADDRESS / ZIP CODE 436 W.23rd Stee	et 21211		
THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM		. AST		
ohn		Vicchio		Mary		etorië		
AS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS			
No		215-07-6	608	Rose M. Vicchio 436 W. 23rd Street 21211				
18 CAUSE OF DEATH (En		line far (a), (b), and	(cu)	. 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS C	AEDIATE CAUSE (0)	Card	الا ت	spicetory	cersest	30-45 mins		
	DUE TO, O	R AS A CONSEQUE	NCE OF			2011		
Canditians, if any, whi	ich ( 1b)	Pulmos		'embolus	× 2	24 hours		
gave rise to immedia cause (a), stating t		R AS A CONSEQUE	-1					
underlying couse lo	(c)	Possible		sadolle o	embolus	30-45 mins		
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVEN	IN PART 110		
SEVERE	MYOU	CARDIA	_ 3	DYSFUNCTI	0 NO (FC. O.	P. D.		
90 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?		
6-30-8	CARC	inout	Cof	THE SIGHOID	YES NO YES	NO [		
21g. ACCIDENT WAS UNDERLYIN	LI LICUID A	FINJURY M. MONTH DA	V YEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)		
OR CONTRIBUTING CAUSE	OF DEATH		19					
21d. INJURY OCCURRED	21e. PLACE	OF INJURY	Day ELC 1	211. LOCATION	CITY OR TOWN	COUNTY STATE		
WHILE NOT WHILE AT WORK		ELI, FACTORI, OFFICE, FA	KM, ETC)			2.5		
22a.1 certify that (1) (this		e deceased fram_	JUNE	15 , 1987		8 7, that (I) (we) last		
sow the deceased ali	did not) view the body	ofter death.	, or	nd that in (my) (our) apinian o	death accurred an the date and hour ar	nd from the couses stated		
22b. SIGNATURE	. 0 .			DEGREE		22c. DATE SIGNED		
1 ) re	W Vie	cenelle	_	M SATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	107/10/87		
224 PHYSICIAMS NAME	(TYPE OR PRINT)	DR. BIHAR	EFIN	22e ADDRESS				
DAVID V	1. NASRI			201 E. UN	ow. Puwy. BALTO.	MD 21218		
JRIAL, CREMATION, REM	OVAL 23L DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
Burial	7/13/8	37 L	ake V	iew Memor <b>i</b> al 1		Maryland		
NERAL DIRECTOR		ADDRESS		25a. DATI	E REC'D. BY REGISTRAR 251/REGISTRA	Esalgnatilet		
gee-Henss Fi	meral Home		lls R	oad Jl	JL 14 1901 8			
3					w.			

8

1912 74

2a. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

REG. NO.

MONTH

DAY

()

YEAR

8

2b HOUR 331

IF UNDER 24 HRS

minal director, page 3 should be filed C pulo the attending physician and cremave carbandapers. Pages ar remaval IO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept, of Health and Mental Hygiene prior to burial, cr ATTENDING

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Item 21 is marked ar Item 18 shaws

CERTIFICATION

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FOR

REGISTRAR

TO BIRTHPLACE (STATE OR FOREIGN Balto Maryland

USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO

16a WAS DECEASED EVER IN U.S.

22d PHYSTCIAN'S NAME (TYP DAVID 23a. BURIAL, CREMATION, REMOVA

Burgee-Henss Fun

(SPECIFY)

24 FUNERAL DIRECTOR

(YES, NO OR UNKNOWN)

Baltimore

Maryland 14. FATHER'S NAME

John

FIRST

DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

Male

And the training of the control of t ALL STATE OF THE STATE OF THE A STATE OF THE PARTY OF THE PAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 28 ASED NAME 060975 JUL 20. DATE KNOWN (TYRE OR PRINT) OF ESTI-Josephine DEATH MATED NTH. IF ANY DELAY IS NECESSARY, PLEASE SI, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5 FOR YOUR FILES. MITHIN 22 HOURD BE FILED, WITHIN 22 HOURS. Vigilante A. 24 HOUR 12:36 P M & AGE (IN YEARS 4 RACE S DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 3. SEX LAST BIRTHDAY) PRONOUNCED DEAD 1908 APRIL 24. 79 YRS 23/ 1987 FEMALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED W NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED DIVORCED CALIFORNIA U.S.A. 120 USUAL OCCUPATION (TYPE OF WORK 12k KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH **OR INDUSTRY** FOR MOST OF WORKING LIFE! 3006 Popular Terrace Baltimore HOUSE WIFE OWN HOME USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES X BALTO, CITY BALTIMORE NO 3006 POPLAR MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DURS AFTER DEATH.

18. GIVE P. GES 1, 2, WITH FORM PM 3

NIT. PAGES (AND 2); DIVISION DE VITA. FIRST UNKNOWN PORTER DELIA BONIFACE 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-46-3073 ALBERT VIGILANTE 3006 POPLAR TERRACE NO SHOULD BE EXECUTED WITHIN 24 HOURS, ORP, "PENDING", IN PENCIL IN ITEM 18. GOTHER MEDICAL, EXAMINER ALONG WITH BELUED AS A BURIAL - TRANSIT PERMIT. PARTITY AND MENTAL HYGIENE, DIVING HEALTH AND MENTAL HYGIENE, DIVING LY CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 190. DATE OF OPERATION PACE IN THE CERTIFICATE, WRITING THE WORD
PACE A SHOULD BE TORWARDED TO THE CHIE
TO FUNEST DIRECTORE PACE 3 SHOULD BE US
ATTER DEPARTMENT OF
BAILTMORE MARVIAND 21201 PRIOR TO BURIA NO W YES ... 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 214 INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection 22s. I certify that Flook charge of the rema and in my opinion Undetermined manner Hamicide SETSPECIFY) Assistant EXAMINER'S NAME Dennis F. Smoth, M.D. Penn St ADDRESS TYPE OR PRINT) 23t NAME OF CEMETERY OF CREMATORY 234 LOCATION 23x BURIAL CREMATION REMOVAL 23h DATE COUNTY STATE 7/27/87 WOODLAWN BALTIMORE BURIAL LORRATNE PARK MAUSOLEUM 07/Bat 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M LEROX.M. & RUSSELL C. WITZKE FUNERAL HOME OF CATONSVILLE **DHMH - 17** (VR A15 ME (5)) 1630 EDMONDSON AVE. CATONSVILLE MD. 21228

may be

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	hauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages (18hd 2 shauld be filed within 72 haurs after death	out the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Hem 21 is marked at Item 18 shows any injury, or ather traumatic event, the medical examinet must be harfied an ance.	
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ı	Ý.	FOR STATE	T.33.	CEPTIE	EALTH AND MENTAL HYG ICATE OF DEATH	5 / 4	0 2 2 2		
I	I. DEC	REGISTRAR Arvella		1 ATIMSEN	AST	REG, NO.  2a. DATE OF DEATH MONTH	DAY , YEAR 26. HOUR		
ı	(TYPE	ORPRINT) ATU	2/15	U U	ing sen	7	8/87/1132 am		
ı	3. SE>		4. RACE	JULY S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
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000		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT			
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	13a. S	ATE PATE AT A TO A TO A TO A TO A TO A TO A T	timore	GIVE RESIDENCE REFORE ADMISSION) MICHIGAN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COD 10051 Pulaski	Hiway 21220		
-	14. FA	THER'S NAME William Ma	ck MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST		
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
١		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR ON DATES!	218 54 1171	Stanley Vin	gsen, Sr. Husban			
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY: TE CAUSE (a)	line for (a), (b), and (c).)	riect		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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ı		cause (a), stating the underlying cause last.	DUE TO, OI	R AS ACONSEQUENCE OF	14	ism	9		
ı			( (c)	Kenal ta	ilme				
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		saw the deceased alive on above, (I) (we) (did) (did no	it) view the body	der death.	nd that in (my) (our) apinion	death occurred on the date and ho	ur and Iram the causes stated		
		22b. SIGNATURE	1		DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED		
		+ ames	01	on w	PHYSICIAN [	DIRECTOR PHYSICIAN	-17/8/81		
		276 PHYSICIAL'S NAME (TYPE C	( V)	255	27e. ADDRESS	Johns Hopky	ns Hospital		
		URIAL, CREMATION, REMOVAL	7/10		Memorail Gard	ens CHYBelair, Mo	COUNTY STATE		
9	H.F.	dzinski Emer	TI Home	74 1007 Old E	astern Ave UL	E RECED BY REGISTRAR 256 REGIS	TRAP'S SIGNATHATORS		
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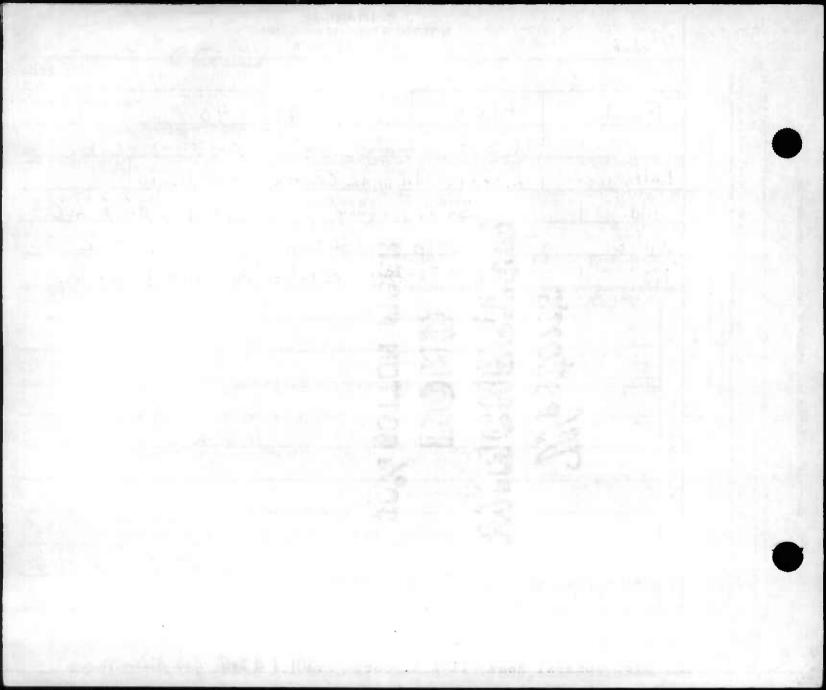
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		WARR		OELK		7-18-87			Dam M
-11	3. SE	Male	Caucasian	S. DATE O	-IO-12	6. AGE (IN YEARS LAST BI	S. YRS	ONINS DAYS HO	JNDER 24 HRS
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35	USU/ 13e. S	TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 134 CITY OR TOW Balto	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1223 Qua	zip code ntril	Way 2	1205
70	14. FA	John	~Voelker		is. Mother's Maiden Na. Marigiaret		Unkn	own LAST	
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N 10			pital) attended the deceased from 514 19 not) view the body after death.	97	nd that in (my) (aur) apinion	death occurred on the d			(I) (we) last
	á	226. SIGNATURE CONIN DO	6 Rosenthal	V		MEDICAL STA	FF CIAN []	120 S	
MPORTAN		Dr. Carla	Rosenthal			edical Ce	nter		
	В	urial, cremation, remova urial	7-2I-87 Ga	arden	emetery or crematory is of Faith	Cem. Bal	timor	e, Md.	STATE
7/84	24 St	ckimunek Fun 331 Brehms L	neral Home, Inc., Name Balto., N	id.	21213 JU	E REC'D. BY REGISTRAN	Julia d	AR'S SIGNATURE	daes

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nay be page 3		(TYPE	CEASED NAME FIRST OR PRINT) Vernell	MIDDLE	_ W	'addell	71187	MONTH DAY	YEAR IF UNDER 24 HRS
age 4 r		3. SE	F	1 RACE B 2	S. DATE		6. AGE (INYEARS LAST BIR	YRS.	S DAYS HOURS MIN.
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AND 21 in 24 hor y filled ir should be	The state of		AL RESIDENCE (IF NURSING HOME OR TATE 13b. CONN	13c COY OR	JOWN	134 INSIDE CITY LIMITS?	100	ZIP CODE	Q12/7 1NST-21217
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as le	2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The attending physician that this certificate has the buriol-tronsit put and dental Hygier.	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		d DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	RPART2)
DIVISION O or attending After this cert se as the burial	0	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	PFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn C	OUNTY STATE
ATTENDI aspital or CCTOR: A for use	em z i is morke		220. I certify that (I) this haspit sow the deceased alive an above, (i) (e) (did no 22b. SIGNATURE	July 1	2 (2)	nd that in (my) (au) apiniar	to Auly or death accurred on the do	ate and havr and	fram the causes stated
tacl D		H	22d PHYSICIAN'S NAME (TYPE O	a DM a	- MA	ATTENDING	MEDICAL STAI	F	7/1/87
TO HOSPITA etained by To FUNERA should be de with the State with the State with the State with the State state with the State state with the State sta		02	LISA D	MARRIO M		2.2	S. Freen	St., B	all MO.
BP			BURIAL, CREMATION, REMOVAL SPECIFY) Burial JNERAL DIRECTOR	23b. DATE 7-8-87		ion	Lansdo		ria.
DHMH - 16 60M 7 (VRA 15, 4)	7/84		Wm C March F		RESS		1111 7 4007		Twider Randales

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1	500			E OF MARYLAND				
1 8	FOR - STATE 7 REGISTRAR	DEPAR		ICATE OF DEATH	IENE REG. N	. 2	0 3	226
	CEASED NAME FIRST	MIDDLE		AST .	20 DATE OF DEATH	MONTH CODA	Y YEAR	25 HOUR CO
1,,,,,	Carro	oll C.	- Wa	ade, Jr.	0	7 16	87	0415 1
3. SE	X Male	4.RACF White	S. DATE C	vember 19, 19	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY  USA	? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 Baltimore CITY C	R COUNTY O	FDEATH	Take.
3.2	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS Francis Scott	T ADDRESS)	or other institution Medical Cente:	120 USUAL OCCUPAT (TYPE OF WORD Atten	on dant	12b. KIND O INDUSTRY	rown
130.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland 44 E	ITY 13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 4052 St.	ZIP CODE Monica	Dr.	21222
1	ATHER'S NAME Carroll C.	widdle & Wade	Sr.	15 MOTHER'S MAIDEN NA.  Jean	ME MIDDLE		And	erson
	(YES, NOOR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 218-48-	1.0	Patricia L	. Wade 4052		onica l	Dr. 2122
	PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), a D BY: E CAUSE (a)	nd (c).)	Rest Bran	in Death		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEOL	JENCE OF	ioxia			7-17	2-87
i i	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOL	JENCE OF	andiac dis	lose		age	17
NOI		ONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	a ·
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MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

			AF2 NO	AF2	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
220 L contifue that (I) (this hasnital)	attended the deserved from Jty /IA	12 10 84	in Teels 16	10 87	that Profession la

saw the deceased alive on J = 17 'C abave (()/we) (did) (did nat) view the body after death and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

226. SIGNATURE	DEGREE	22c. DATE SIGNED
Maly Zoju	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	P-16-87
Zd. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	

Steplin J. NOGA

3-127 ONCO 1054 certs 600 N wallest.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 7-18-87 Burial

23c. NAME OF CEMETERY OR CREMATORY Prospect Hill

234 LOCATION
CITY OR TOWN
Baltimore Maryland

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or Item-18 shaws ony

Duda-Ruck Funeral Home of Dundalk 24. FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MD 21222

250 PATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
17 1987 Julia Deviden Par Julia Devider Randale

1	h	1	/	ORFilm G62	9 Item	23c, 23	EPARTMENT		ARYLAND AND MENTAL	HYGIENE				
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00	25 S. S. S. F. F.			OKTRINI	GARY		L.	WA	DE	0		<u> </u>	13 19 8	87
	PLEASE ECTOR. R FILES. HOUR		3. SEX	4 RAC	M	ONTH DAY	6. AGE I	IN YEARS IF UN	IDER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE	HINOM	DAY Y	2d HOUR
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	S NECESSARY, PLEASE FUNRAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS	26	FOR	THPLACE (STATE OR EIGH COUNTRY)	7b.	CITIZEN OF WH.	AT COUNTRY?	MARR	ED NEVER MAR	RIED X	ALTIMORE CITY	OR COUNT	TY OF DEAT	Н
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2	AS NO	20		omas	MI	DDLE	Wade		Vera		MIDDLE		Pollar	^d
2	BANGS.		16a. W	AS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDRE			
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	VER: THIS CERTIFICATE DATE, WRITING THE V FORWARDED TO THE OR: PAGE 3 SHOULD THE STATE DEPAGITMEN	9		220. I certify that	took charge of	the remains desc	ribed obove, held o	on Autop	X Inspect	an , li	nquiry .	and in my ap	pinian	
-	MIN INC.	X K		death resulted fram	: Notural co	ouses ,	Accident,	Suicide	, Hamicide X	Undetermi	ned monner			
	W. W. W.	MAR	H.	ACTUAL	1	0			TITLE (SPECIFY)			0.475	7.4	4 07
	A H S H A H A H A H A H A H A H A H A H	RE, /		SIGNATURE	M	XX		M	Deputy C	'hiet <sub>dicai</sub>	EXAMINER	DATE	/ <del>-</del> 1	4-87
	AED UNE R DE	OWI		EXAMINER'S NAME	Ann M	. Dixon	M.D.		111	Penn St	., Balt	O. MI	D 212	01
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE	BAL	23e.BL	(TYPE OR PRINT)			123, NAME OF	CEMETERY	P C PEAN ATO DY	1234 LOCA	ION			-
07/B		6.5	151	urial		7/16/87	Mt.	Luburn Lon-Ce	mot nou	CITY OR TO	WN Baltim	ore cour	NTY	STATE
25M	DHMH - 17			NERAL DIRECTOR			- William	- HUII - Life	Zo. DATE	REC'D. BY REC	GOWNE GISTRAR 251 REC	GISTRAR'S S	GNATURE	Md.
	(VR A15 ME (		h	m. March I	/H 1101	L E. Nor	th Ave.		Enn	15 19	87 Juli	Davido	wn. Rand	مشهد

on 8 8 mgs

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

The continue of the properties of the properti	1-	STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 7 9	0 0 0 0
Dr. William C. Wade, M.D.  JULY 27, 1987  A GE INTRACE ISLANDOFFORMON PRODUCTION OF SECONDARY PRODUCTI	100 4		WIDDLE		REG. NO.	DAY YEAR 2h HOUR
S. BATE OF BIRTH   DAY   TEAM   TOURS   TOUR	U.S.	ORPRINT) Dr Wi	lliam C Wade M	n	July 27 1087	
MAIL BRITHPIACE STATE CATORION TO BEATH  18 BRITHPIACE STATE CATORION  18 BRITHPIACE STATE CATORION  19 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  19 CITY OR TOWN OF DEATH  11 IS COUNTY  11 IS COUNTY  12 IN THE STATE OR OF THE MISSING HOME OR OTHER INSTITUTION  12 STATE  13 BOUNTY  13 BOUNTY  14 IN THE STANDE OF THE MISSING HOME OR OTHER INSTITUTION  15 STATE OR OWN  16 CITY OR TOWN OF DEATH  17 BRITHPIACE STANDE OR OTHER MISSING HOME OR OTHER INSTITUTION  18 STATE OR OTHER MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  19 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  19 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  19 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER INSTITUTION  10 STATE OR MISSING HOME OR OTHER MISSING HOME OR OTHER MISSING HOME OR OTHER MISSING HOME OR OTHER HOME OR OTHER MISSING HOME OR OTHER HOME OR O	3. SE					IF UNDER 1 YEAR IF UNDER 24 HRS
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136. STATE   136. COUNTY   136. COUNTY   136. MISSIDE CITY (MINTS)   136. STREET ADDRESS / ZIP CODE   300.5 DUNDLOW Rd.   212.22			Francis Scott	Key	DrRetired	E) INDOSTRI
THE FATHER'S NAME  WILL  WADE					13e.STREET ADDRESS / ZIP CODE	0.1.0.0
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22a. I certify that (I) (this haspital) attended the deceased from 11.24 1992, to 7.27 1987, that (I) (w) los ow the deceased alive an 7.24 1987, and that in (my) (gur) apinion death occurred on the date and hour and from the causes stated above. (I) (w) (did) (did not) view the body after death  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7.29-87  22d. PHYSICIAN'S NAME (1YPE OR PRINT)  22a. ADDRESS MD GEN HOSP  BATLINDEN AVE BACIMORE MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN TO DIRECTO	NOI	PART 2 OTHER SIGNIFICANT	c Reval Fa	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
22a. I certify that (I) (this haspital) attended the deceased from 11.24 1992, to 7.27 1987, that (I) (w) los ow the deceased alive an 7.24 1987, and that in (my) (gur) apinion death occurred on the date and hour and from the causes stated above. (I) (w) (did) (did not) view the body after death  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7.29-87  22d. PHYSICIAN'S NAME (1YPE OR PRINT)  22a. ADDRESS MD GEN HOSP  BATLINDEN AVE BACIMORE MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN TO DIRECTO	IFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	FYING CAUSES OF DEATH?
22a. I certify that (I) (this haspital) attended the deceased from 11.24 1992, to 7.27 1987, that (I) (w) los ow the deceased alive an 7.24 1987, and that in (my) (gur) apinion death occurred on the date and hour and from the causes stated above. (I) (w) (did) (did not) view the body after death  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7.29-87  22d. PHYSICIAN'S NAME (1YPE OR PRINT)  22a. ADDRESS MD GEN HOSP  BATLINDEN AVE BACIMORE MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN TO DIRECTO	CAL CER	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR		
sow the deceased alive an 7.24 19 87, and that in (my) (gur) opinion death occurred on the date and hour and from the causes stated above. (h) (yes) (did) (did not) view the body after death.  DEGREE  ATTENDING APPICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7.29-87  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22a ADDRESS & D GEN HOSP 827 LINDEN AVE BACIMORE MY	MEDI	WHILE   NOT WHILE			CITY OR TOWN	COUNTY STATE
DEGREE  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO SERVICE  226. PHYSICIAN'S NAME (TYPE OR PRINT)  C. W BRYAN  228. ADDRESS MD GEN HOSP 827 LINDEN AVE BACKIMORE MY			and the state		- 10 7. 27	19_87_, that (1) (1) lost
22d. PHYSICIAN'S NAME (IVPE OR PRINT)  22d. PHYSICIAN'S NAME (IVPE OR PRINT)  22e. ADDRESS M. D. G.E.N. HOSP  827 LINDEN AVE BACKIMORE MY		sow the deceased alive a above, (1) (we) (did) (did)	not) view the body after death	ond that in (my) (gur) opinio	n death occurred on the date and hou	r and from the causes stated
C. W BRYAN 827 LINDEN AVE BACKIMORE MY		22b. SIGNATURE	Bryan	ATTENDING		Ame
E. W BRYAN 827 LINDEN AVE BACIMORE MY						
		C. W B	RYAN			WIMORE M
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY COUNTY STATE TYPORTOWN CHYORTOWN STATE MD					CITY OR TOWN	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove corban paperss. I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, th

retained by the hospital or attending physician

BP.

24 FUNERAL DIRECTOR Wm. March F/H 1101 E. North Ave. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	Salar					-	FOR STATE
0	6	I	4 eq A	0 9 yes	JUL	3	DUTEASED TYRE OR PRINT

ely filled in by the funeral director p

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3	1	REG. NO.	2	0	2	2

4	0 0	REGISTRAR		CE.((1))	ICAIL OI DEAI		REG. N	0. 600	60 6	
4	UDU	CASED NAME FIRST	MIDDLE	1	AST	2a D	ATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	(ITEE	HOWA	RD ARMAND	WA	GONHEIM		JULY 23,	1987		12:45Pm
I	3. SEX		4. RACE	S. DATE (		6 AC	E (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	_	MALE	CAUCASIAN	DEC	. 2, 1926		60	YRS		, and
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARR	IED 9 BA	LTIMORE CITY O	R COUNTY	OF DEATH	
1		MARYLAND	U.S.A.	WIDOWE	D DIVORC	ED 🗌	BALTIM	ORE CI		MD.
2	10 CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		OR OTHER INSTITUTI	NON WA	TION OF REG	AND REGIE	12b. KIND O	F BUSINESS OR
1		BALTIMORE	2904 TANEY RD	., APT.A	48(21209)		HIBITOR		MOVI	E
d	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN			1134 INSIDE CITY LI	MITS? 13e.S	TREET ADDRESS	ZIP CODE		
d		ARYLAND	BALT	IMORE	YES XX NO	□ 2	904 TANE	Y RD.,	APT AGE	3(21209)
1	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAI	DENNAME	WIDDLE		LAST	
)		DAVID	WAGONH	EIM	ROS	E			SAL	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	MR. IRA	WAGONHE	IM		
I			I-NAVY 215-22	-2233		MBRILLS		MBRILL.	S. MD.	21054
1		18 CAUSE OF DEATH (Enter or	nly ane cause per life far (a), (b)	, and (c).1		^ ^			BETWEEN	MATE INTERVAL
1		PART I. DEATH WAS CAUSE	TE CAUSE (a)	MON	la of	HON	ucon	1	0	NO
١		- 2 m - 1	DUE TO, OR AS A CONSE	QUENCE OF			0			
1		Conditions, if any, which	( 16)			*				
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF						
1		underlying couse last.	(c)							
1	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMINAL !	DISEASE OR CON	DITIONGIVE	EN IN PART 10	
4	CERTIFICATION									
1	ICA	190. DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20	a AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?
4	RTI						в по			ио 🗆
۶I		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED (	ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART 1 OR PART a)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC 1	211 LOCATION STREET		CIR OF FO	DWM.	COUNTY	STATE
1	*	AT WORK NOT WHILE		1			V	0	00	
1			ital) attended the deceased fro	1-	19	X/. 1	·	US.	19.3	that (I) we) lost
1		saw the ecoqued at e on above. (II) was (diet in id no	view the body after death.	9 57 .	hd that he (my) (aur)	opinian death	accurred an the d	ate and haur		
1		339 alchange	1.0	14 1	DEGREE	IDING ME	DICAL STA	FF	22c. DATE	SIGNED
		224 PHYSICIAN'S NAME (1)	Jun	M	PHYS 22e ADDRESS	ICIAN DIR	ECTOR   PHYSIC		1/0	57/2/
		DAND E	PUSNUL	5	301 ST	PAUL	-PL	BA	LR)	21202
	23a B	SURIAL, CREMATION, REMOVAL			EMETERY OR CREM		d LOCATION CITY OR TOWN		COUNTY	STATE
		BURIAL	7/26/87	ARLING	TON CEMET	ERY	BALTIM	ORE	COUNTY	MD STATE
	24 FU	INERAL DIRECTOR SOT.	LEVINSON & XXXX	RROS	TNC	250. DATE REC	D BY REGISTRAD	25 EGISTI	RAR'S SIGNAT	URE -
	6	6010 REISTERSTO	WN RD. BALTO, MI	D 21215		301 0	1901	Julia	Desidern.	Gradella

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR

BP.

IMPORTANT. IF III

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completely filled in by the funeral director, page 3 s rond 2 should be filed within 72 hours after death

ARYLAND

nn ·	1	FOR STATE REGISTRAR	D		HEALTH AND MENTAL	L HYGIEN	13 7	0 (		.,
JUL 2	I. DE	CEASED NAME FIRST	MIDDLE E	( 4)	i Kak	2a.	DATE OF DEATH	MONTH DAY	YEAR 27	26 HOUR
10	3. SE		1 RACE B	S. DATE	OF BIRTH		AGE (IN YEARS LAST BIRT		JINDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9000 1		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	WIDOW			BALTIMORE CITY OF	ートナリ	DEATH	MD.
3		BALTO	11. NAME OF HOSPITAL,	ALTO.	or other institution		PE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	F BUSINESS OR
d Sim	130. 3	AL RESIDENCE (IF NURSING HOME OR STATE		OR TOWN	13d. INSIDE CITY LIMIT YES NO [		STREET ADDRESS /	ZIP CODE	A C1	2/2/3
colexomin			MED FORCES? 14h SOCI	LAST SUSON IAL SECURITY NO	15. MOTHER'S MAIDEN	V Z	) MIDDLE ADDRES		acrei	zy.
he medic		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 225	- 20-75/1	Howard.	f.#				
event, t		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	oly ane cause per line for ta D BY: TE CAUSE (a)	), (b), and (c).)	c Shi	ock	۷		BETWEEN OF	MATE INTERVAL
other troumoti		Canditians, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	TAMINA	L'ENGO		Al DECI	ulsins		
injury, or	NO	PART 2 OTHER SIGN(FICANT C	CONDITIONS CONTRIBUTIONS	ING TO DEATH BU				ITION GIVEN	IN PART Tro	
nos ou	CERTIFICATION	6.24.87		WHICH OPERATION	Contragion	STar		20b. IF YES, W. IN CERTIFYIN YES	IG CAUSES (	GS USED OF DEATH? NO
Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19		CCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC )	211 LOCATION STREET		CITY OR TOW	и	COUNTY	STATE
m 21 is m		220. I certify that (this hospi saw the deceased alive on abave, (I) (did)	July 14	19 87	nd that in (🛶) (our) api	inion deat	h accurred on the dat	e and haur an		hat 👫 (we) lost auses stated
MPORTANT: If Item		22b. SIGNATURE  Baylo	I ni	N	DEGREE ATTENDIN PHYSICIA	NG M	NEDICAL STAFF	AND	22c. DATE S	14.87
MPORTA		22d. PHYSICIAN'S NAME (TYPE O	BELLO	sic M	22e ADDRESS					
_	(	Burial, CREMATION, REMOVAL Burial	23b. DATE 7/18/87		cemetery or cremato	em.	23d. LOCATION CITY OR TOWN Glouces	ter Co.	, Va.	STATE
7/84	24 FL	JNERAL DIRECTOR		DDRESS	25a	DATE REC	C'D. BY REGISTRAR 2	Sh. REGISTRAF	'S SIGNATU	IRE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove, companiopeers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation; or emoval.

Wm C March F/H

1101 E. North Ave.

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Landson Kand

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
CF	RTI	FICAT	FOF	DEATH	

1,200		]-	STATE REGISTRAR			DEF	CERTII	ICATE OF DEATH	8 REG. N	10. 2	0 2	7 1		
4 6 0	JUL		DED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D	YEAR YEAR	26. HOUR		
600		41116		FRANTES	SSA			WALKER	JULY 16.	1987		1:52 a		
er o		3 SEX			4 RACE		5. DATE (	DF BIRTH	6. AGE   IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR			
rs of		F	'EMALE		BL	ACK	2	/13/59	28	YRS	DATS	HOURS MIN		
hou hou	1		THPLACE (STATE		76. CITIZEN O	WHAT COUNT	TRY? 8.	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF		OF DEATH			
nero n 72	2	BA	LTO., M	ID.	U.S	. A .	WIDOW		Baltimore City					
with fed	1	10. CI	Y OR TOWN OF D	EATH		HOSPITAL, NU		OR OTHER INSTITUTION			126. KIND	OF BUSINESS O		
by the filled with	X	Bā	ltimore			nd Gene		pital	(TITE OF WORK FOR MOST	J. ************************************	, III OSTKI			
illed in	1	USUA 13a. S	L RESIDENCE (IF NOTATE MD	13b COUN		13. CITY OR BALT		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1813 PARK AVE. 2120			202		
sho		14. FA	THER'S NAME	and the second s				15 MOTHER'S MAIDEN NA						
				D WAL		EAST			N GIDDÎNS	456 5	L/	AST		
ger			AS DECEASED EV		MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT	ADDR					
Poge	1		NO	N/		216-7	74-167	VIVIAN EV	ANS 2601	MADIS		E .		
the attending phemore carbon per motion, or remo	Contentroumotic event,	cronier troumatic event			Conditions, if a gove rise to icouse (a), stounderlying conditions	ny, which immediate iting the	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSI Esophago	EQUENCE OF	ntestinal blee ic Candidiasis acidosis		eptic s	shock	
1			PART 2 OTHER SI	GNIFICANT				NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVE	EN IN PART 1	10		
		O	2	Acute renal fai										
permit ene prin	2	CERTIFICATION	19a DATE OF OPE	RATION	19b. CON	DITION FOR WE	HICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FIND YING CAUSE	INGS USED S OF DEATH? NO		
riol-transit ental Hygie tem 18 sho	9		210. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	URT ( OR PART 2)			
h and W		MEDICAL	WHILE NOT AT WORK	WHILE WORK	21e PLAC	E OF INJURY	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR TI	OWN	COUNTY	STATE		
RECTOR: A ed for use o pt. of Healt em 21 is mo			220.1 certify that saw the dece abave, (12/we 22b. SIGNATURE	ased alive on	tal) attended July view the bac	16.		nd that in ( <b>X</b> y) (our) apinion				, that ( <b>K</b> (we) la e causes stated E SIGNED		
ERAL Difference detach State De			7	tem	y M	anno	W.	ATTENDING PHYSICIAN [	MEDICAL STA	CIAN	7-1	6-87		
O FUNE nould be outh the S			22d. PHYSICIAN'S	ENR	/	AMMO	UR_,	c/o Maryla	nd General	Hospit	al			
10			URIAL, CREMATIO	N, REMOVAL	236 DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
		,	DUDTAT		710	17 /07		200777			-50	.,, .,,		

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

BURIAL 24 TONERAY DIRECTOR

250. Date recd. By registrar 256 registrar's signature dia Sindron-Randare

060120 11 2387

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UL SA

JUL 22

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicar arms, implifiely filled in by the funera should be detached for use as the burial-transit permit. Then please remove carbonapper Paper, and should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remove	IMPORTANT: If them 21 is marked an Item 18 shows any injury, an other traumatic event.
DIVISION OF VITAL RECOI	TO HOSPITAL OR ATTENDING PHYSICIAN: The law reretained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burnal-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remove	IMPORTANT: If them 21 is morked or Item 18 shows any

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# STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	BIENE 8 /REG. NO. 2	0 2 3 2					
1 85	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	PAY YEAR 26 HOUR"					
01	FREDDIE		WALKER	7	10 87 M					
3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS					
	MALE	Black	1 28 28	59 YRS.						
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
	S.C.	USA	WIDOWED DIVORCED	BALTIMORE C	ITY MD.					
10. CI	BALTIMORE		NG HOME OR OTHER INSTITUTION	(170 USUAL OCCUPATION (170E OF WORK FOR MOST OF WORKING LIFE General Auto P						
	STATE 13b COU	DROTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY 13c. CITY OR TOV Baltimo	WN 134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1315 E. Lafevet	te Ave. 21213					
14 FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST					
Le	est	Walker		Model	Risher					
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS						
	No	219-20-	8464   Hattie M. R	odd 1315 E. Lafav	ette Ave 21213					
	Conditions, if any, which gove rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ	ASTATIC ADOUG	HELIEST HECHOMA OF E RECTUM	4 years					
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a									
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?					
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ER) P.M.	DAY YEAR 19 N/A	RED (ENTER NATURE OF INJURY IN ITEM TS PA	RT I OR PART 2}					
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) STREET	CITY OR TOWN	COUNTY STATE					
	saw the deceased alive o	pital) attended the deceased from 19_19_19_101_19_19_101_19_19_101_19_19_101_19_19_101_19_19_101_19_19_101_19_19_101_19_1	87, and that in (my) (assopinion	death accurred an the dote and hour	19, that [II (we) last and from the causes stated					
	226 SIGNATURE U.	Malegal	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/87					
	PETER N.	SCHLEGEL	600 N. WOLF	EST., THU DEAT.	UNDUCKY 2120					

230 BURIAL, CREMATION, REMOVAL

<sup>23b. DATE</sup> 7/16/87

23c. NAME OF CEMETERY OR CREMATORY EASTVIEW CEMETARY

23d LOCATION
CITY OR TOWN
Baltimore, COUNTY

24 FUNERAL DIRECTOR

Md. 25a. DATE REC'D.

DHMH - 16 60M 7/84 (VRA 15, 4)

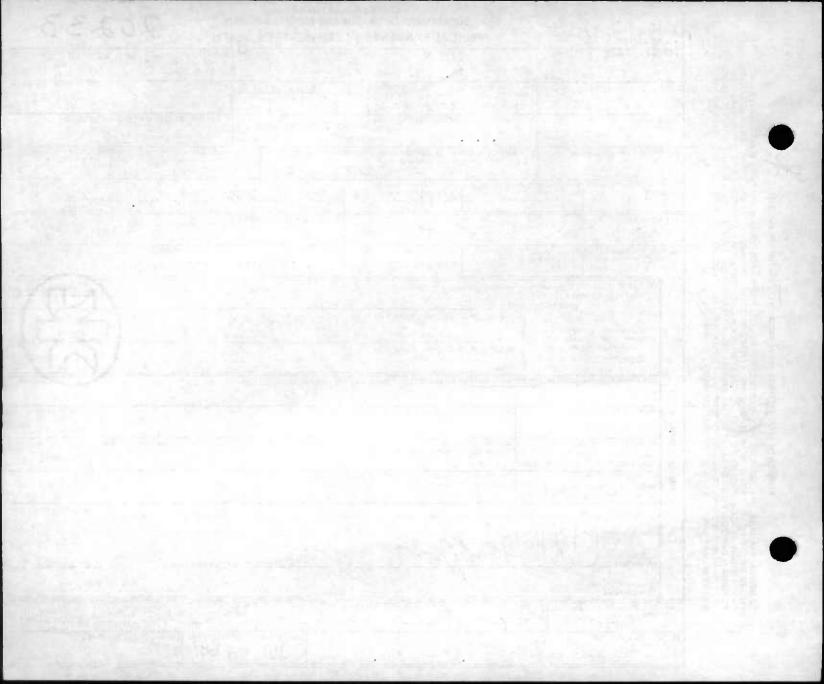
BP.

WILL TAM C. MARCH FUNERAL HOME 1101E. NORTH AVE.

160057, JUL 21 87

CHRISPING PURCHODIFFY HEREST ANGINGTHIC ADDIOGRAMMENA EF 1351 W MUDBA DIFF 40 = 9/1/80 COLLEGE STATE DATE OF LICE STATES PETER IN SCHEELEL

			FOR Fil	m G629, 1	Item #1,	DEPARTA	STATE OF	MARYLAND TH AND MENTA	L HYGIENE		20	137	2
50	727 111	18	REGISTRAR	7/15/87 per FH	, SB MEI	DICALE	XAMINER'S		100	KEG	NO. 0	0.	
CIL	1 2 1 300		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20	OATE KNOWN	X MONTH		2b. HOUR
	ASE DR. EET,			Robe			Н.	Walker		DEATH MATED		10 1987	M
	PLE RECTO	3. SEX	700/35/0	4 RACE	5. DATE OF BIRTH	YEAR		UNDER 1 YR. IF UND	DER 24 HRS. 26	DATE	MONTH	DAY YEAR	12:30
	ON SOUR		M	В	1 9	47	40 YRS.			DEAD	7	10 1987	12.30
	H. IF ANY DELAY S NECESSARY, PLEASE 1, 2, AND 3 TO THEFUNERAL DIRECTOR. 4. 3. RETAIN PAGE 5 FOR YOUR FILES. 2.2 SHOULD BE FILED WITHIN Z HOURS. 11AL RECORDS, 201 W, PRESTON STREET,		RTHPLACE (ST	MD	U.S.A		MA	RRIED NEVER MA	RRIED 9	Baltimore CIT Baltimo			MD
1	SHEET /2	10. C1	TY OR TOWN	OF DEATH	11. NAME OF HOSE			THER INSTITUTION		L OCCUPATION			
*	PAGE	I	Baltimo	re				al Hospita		Unknown		OK HADOSI	K I
=	ANN	USUA 13a S	L RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE B	EFORE ADMISSION	13d. INSIDE CITY LIMIT		TADDRESS			- 11,23
2120	ANDE	134 3	MD	138. COOK		Balt	imore	YES NO	2643	Seamon A	Ave.	21225	
BALTIMORE, MD.	URS AFTER DEATH. IF 18. GIVE PAGES 1, 2, A WITH FORM, PM 3. III. PAGES I AND 2 SH III. PAGES I AND 2 SH	14. FA	THER'S NAME		MIDDLE	Wal'	ker	15. MOTHER'S MA		MIDDLE		Wade	
MO	PAG PAG ORW	160. V	AS DECEASED	DEVER IN U.S. ARA		16b. SOCI	AL SECURITY NO.	17. INFORMANT		ADDŖ	ESS		
ALTI	AFTI SIVE NE AGE NSIO	("	Yes	(IF YES, GIVE	WAR OR DATES	219-	52-6404	Nannie	Walker	603 Ros	undvie	w Rd	
	WURS A				ly ane couse per line	for (a), (b),	ond (c).)					APPROXIMATI	E INTERVAL T AND DEATH
2	N 17EM 18. ALONG W IT PERMIT. YGIENE, D		PARTIDE	ATH WAS CAUSED  IMMEDIAT	TE CAUSE (o).	Stab w	ound of c	hest					
STO	774->0				DUE TO, OR	AS A CONS	SEQUENCE OF						
8	MER NER SANS		Condition gove ris	ns, if ony, which se to immediate	(b)								1.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ECUTED WITHIN 24 HOI 5" IN PENCIL IN ITEM 1 IL EXAMINER ALONG URIAL TRANSIT PERMI ND MENTAL HYGIENE, TION, OR REMOVAL.		cause (a) lying cou	stoting the <u>under</u> - se lost.	DUE TO, OR	AS A CONS	SEQUENCE OF					Gar	
05,2	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		PART 2 DTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	HIT NOT PELATI	EN TH THE TERMINAL DIS	ASE DR CONDITION GIVEN I	A BART 1 mail				
0/	BE EX POINT SEPICA SEMA SEMA	Z				or not accare	to to the terminal bis	ASE ON COMPITTION OFFER P	TEARL I 19				
H	9/840	ATI	19a DATE OF	OPERATION	196. CONDIT	ION FOR W	HICH OPERATION	WAS PERFORMED?				20 AUTOPSY	?
₹.	00 E 80 5 8	FI										YES V	NO []
→ F	THE OFFER OFFFER OFFFFER OFFFFER OFFFFER OFFFFFFFFFF	CERTIFICATION		L CAUSE WAS	21b. TIME OF		21c	HOW INJURY OCCU	RRED (ENTERNAT	TURE OF INJURY IN ITEM	18 PART I OR PA		1.0 []
N	NER: THIS CERTIFICATE CATE, WRITING THE W FORWARDED TO THE FOR PAGE 3 SHOULD B THE STATE DEPARTAÇEN AND, 21201 PRIOR TO'B		UNDERLYING	NG CAUSE OF E			DAY YEAR	Subject w	ac ctab	bod			
/ISIO	ERTIFIC ING THE B TO 3 SHOU PRIOR	MEDICAL	21d. INJURY C	CCURRED	21e PLACE C	F INJURY	9 1987 (AT HOME, 21f.	OCATION			3		
á	E, WRITI	Z	WHILE AT WORK	NOT WHILE	HOT	ORY, FARM, ETC		2643 Seamo		Baltimo		YINU	STATE MD.
	RW/RW/STA			^	e of the remains desc			1				Y	IVII.)
	A S D T A			/ V 11	[7]	.1/		ppsy K., Insper	1	Inquiry	ond in my a	pinion	
	REC BE		death results	7 7	ol courses	Vo.	, Suicide L			mined manner	٦,		
	A. A.		ACTUAL SIGNATURE_	( WX	1 / A	nn	~	M.D. Assista		A1 eV	DATE	7-10-	97
	ORE SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEA		The Morrolline	0	,	100					SIGNI	ED	57
	A SERVICE SERV		EXAMINER'S I	NAME Char	les P. Ko	kes, M	1.D.	_ADDRESS111	Penn S	st., Balt	o.Md.	21201	
	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a. 81	JRIAL, CREMAT	TION, REMOVAL 2	3b. DATE	23c N/	AME OF CEMETERY	OR CREMATORY	23d. LOC.	ATION	COU	INTY	TAYE
07/84	BP	(5	Bur	ial	7-15-87	Ce	dar Hill	Cemetary	Anne	Arunde:			and
25M	DHMH - 17	24. FI	NERAL DIREC	TOR	ADDRESS	-		25a. DA	TE REC'D. BY RI	EGISTRAR 25h RE			
	(VR A15 ME (5))	Ma		neral Hom	ne 1101 E	. Nor	th Ave.	J	UL 14	1987			



## STATE OF MARYLAND

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	H							OF MARYLAND				
UE	03	3 Ju	122	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH								
				EASED NAME FIRST						REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR		
	be be			DON	ALD			LLACE , Jr.		1987	3;56,P	
	TYPE OR PRINT)  DONAL  3. SEX		4 RACE			F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1					
Male			Whi			21 DAY 1944	43 YRS MONTHS DAYS HOURS					
0	death. Pour	69	R	THPLACE (STATE OR FOREIGN DUNTRY) Vew York	L	J.S.A.	MARRIE		BALTIMORE CITY OR COL	CITY	MD.	
201	by the f	Barrie 3	В	Y OR TOWN OF DEATH ALTIMORE	THE	TOHNS" HO	PKIN:	HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Truck Driver)	(ING LIFE) INDUSTR	of Business OR	
AND 21	ithin 24 lour	335	13a S	aryland	E OR OTHER INSTITUTION DUNTY VICOMICO	N, GIVE RESIDENCE BEFO 13c. CITY OR TOV Willard	WN	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP O	Mill Rd.	21874	
MARYL	ampletely	2520	)	Donald	WIDDLE	Wallace		Grace	WIDDLE	Coo	rds	
BALTIMORE	be execu	Z		AS DECEASED EVER IN U.S. s, no or unknown)  (IF YES	ARMED FORCES? GIVE WAR OR DATES)	082-34-		Same as #1	ol Wallace^(Wife) 3e			
ST., BAL	prificate g physica	event, thi		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardia Vascular Arrest							OXIMATE INTERVAL EN ONSET AND DEATH	
Nos	ediffed	ion, ar		Conditions, if any, which		OR AS A CONSEQU		Logost		ma	- to	
W. W.	ho O the by the o	d, cremat		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO. C	or as a conseol		(10.1124				
201	edwes to	r to burio injury, at	NO			CONTRIBUTING TO		NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART	lio	
A REC	hos bear	iene prio	CERTIFICATION	90. DATE OF OPERATION 6-30-87			H OPERATIO	was performed bleed	20a AUTOPSY? 20b. I	IF YES, WERE FIND ERTIFYING CAUSE YES [	DINGS USED ES OF DEATH?	
N N	g physic entificate	Mental Hygin It sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	HOUR A	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE.	M 18 PART   OR PART 2	1	
DIVISION	offendin ter this of the burn	h and Me	MEDICAL	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE,	FARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	spital or CTOR: Af	of Healt		sow the deceased alive obove, (1) (we) (did did					death occurred on the date and		, that we wast	
	y the ho	rate Dept		22b. SIGNATURE	S.lon	~~ w		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DAT	IE SIGNED	
	TO HOSPITAL retained by t	with the Str		D. CI	FFORD	Sola	na	22e ADDRESS THM		E ST 21	205	
	BP		(5	Cremation, remove Cremation		20/1987		emetery or crematory ury Crematory				
	DHMH - 16 (VRA 1			veral director Holloway Fund	eral Home	P.A., Sc	alisbury	, Marylandul	TE REC'D. BY REGISTRAR 756 RE	Devider .	ATURE	

AND THE RESERVE OF THE PARTY OF GOVERNMENT THE PROPERTY OF THE PARTY OF THE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18. GIVE PARS WITH FORMIT. PAGES

IN PENCILLINITEM 18.
EXAMINER ALONG W
RIGHT TRANSIT PERMIT.

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

- STATE

MEDICAL EXAMINER'S CERTIFICATE OF DE TYPE OF PRINTI OF ESTI-Walsh DEATH MATED Jerome 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE YEAR LAST BIRTHDAY) PRONOUNCED 19 87 DEAD a M TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED -DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 1232 N. Calvert St USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE CASI MIDDLE FIRST EIRST 7. INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-28-3054 OFFICER 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED THE CERTIFICATE, WRITING THE WORD "PENDING" IN R PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMONED BE VIEW AT FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURKUL FREE REATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION Chronic Obstructive Pulmonary Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 226. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry death resulted trans Natural courses ccident tradetermined manner TITLE (SPECIFY) 7/9/87 Issistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smydh, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

BP 07/84 25M

**DHMH - 17** (VR A15 ME (5))

ADDRESS STATE ANATOMY BOARD

REMOVAL

24. FUNERAL DIRECTOR

7-15-87

BALTO. MD

COUNTY

STATE

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5989	00 9	5		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		1.7000
y be	poge 3		- Cons	Niala	Sewell	l W	alsh	July 11	, 1987	A
E O	frer o		3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
900	irecto ours o			Female	Caucasian		703/15 YEAR	71	YRS.	
青	72 ho	26		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY O		
o o o o	un un		in ci	Maryland TY OR TOWN OF DEATH	USA	WIDOW		Baltimon		MD. OF BUSINESS OR
urs after		be follified		Baltimore	524 N. Chai	rles St	. 21201	(TYPE OF WORK FOR MOST O		Y
n 24 hou	hould be f	DE	13a. S	lar y rand	VTY 13c. CITY O		134. INSIDE CITY LIMITS? YES ▼ NO □	130 STREET ADDRESS / 524 N. Ch	zip code 2 narles St.	1201 , Apt140
d with	ond 2 s	00	14 FA	Joseph	MIDDLE Sewe	AST	Emma Emma	<sup>ME</sup> Virgir	าเล เร	riffin
scute	0-		16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		ss 9235 Wri	
, x	Poges	1	1,	NO (# YES GIV	A 217-0	03-3430	Mrs. Niala			
that the death certificat	by the attending physics ose remove carbon popul, cremation, or removal			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	ly one couse per line for (o), D BY:  TE CAUSE (o)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	NSEQUENCE OF	ng gative t	Jeont Fil	eluso V	DYMATE INTERVAL NONSET AND DEATH DYOCKE
equires	Then plear to burio		NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	IG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	10
he faw r	has been t permit. I iene prior	9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
SICIAN: T	certificate I prial-transit ental Hygie Item 18 sho			21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
AG PHYSIC attending	fter this os the bund Municipal or Municipal	. /	MEDICAL	21d, INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
N N	USE OF			220.1 certify that (I) (this hospi				to		, that (I) (we) lost
ATTE	d for				t) view the body ofter death.	_19	and that in (my) (our) opinion	death occurred on the do		
he on	Oche Dep			22b. SIGNATURE	la m	7	DEGREE ATTENDING	MEDICAL STAF	F	E SIGNED
off All	e det Stote		100	22d. PHY JOHN 5 NAME (TYPE O	DE DEINTI		M.D. PHYSICIAN D	X DIRECTOR   PHYSIC	IAN   7/1	3/87
HOSF	should be deto with the State I			V.	Cole, M.D.		3455 Wilke	ns Ave. I	Balto., MI	21229
10 e	sha sha	_	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION		
BP.			(	Burial	7/14/87		ore Cemeter	v Baltimor	re City. N	Jaryland
DHMH	- 16 60M 7	/84	24 FU	INERAL DIRECTOR			25a. DAT	FREC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	TURE
	RA 15, 4)		Ma	cNabb Funera	al Home Ca	tonsvi	lle. MD\	7 4 1881 0		

Catonsville, MD

MacNabb Funeral Home

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# STATE OF MARYLAND

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	-	REGISTRAR O		CERTIF	ICATE OF DEATH	8 7 REG. NO	100	20
1		EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	D V	2N HOUR
	(TYPE (	Ethel	к.	Wa	alz		7 14 8	7 1450
	3. SEX		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		
		Female	White	MONT	27 /898	88	YRS	DATS HOURS MIN.
-	70 BIR	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	тн
	-	Maryland	U.S.A.	WIDOW	to the second se		imore Cit	Y ME
100	10 CI	Y OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATIO		IND OF BUSINESS OR
1	E	BALTO	MERCH	HOSP		Homemake		SIKI
d	USUA 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUL		DENCE BEFORE ADMISSION) Y OR TOWN	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
3		aryland		ltimore	YES NO	524 Nort	h Charles	St. 21201
	14. FA	THER'S NAME			15 MOTHER'S MAIDEN			1.453
ÿ		Otto	MIDDLE	CHMIDT	MATH	MIE		HAUG
		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO	CIAL SECURITY NO.		hobeth Beach		9971
	(1)	ES NO OR UNKNOWN) (IF YES, GI	.216	5-44-0778	Ken Walz	130 Shady Ri	dge Dr.	
		18 CAUSE OF DEATH (Enter of	nly one cause per line for	(a), (b), and (c), )			BET	APPROXIMATE INTERVAL
		PART I. DE ATH WAS CAUSI	ED BY: TE CAUSE (0) a Cutte	Dromute	1 MUUTALD	was intar	cha	2 d.
		IMMEDIA				V		
		Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF	in cinterna	(stellerian)		
		gove rise to immediate	(b) 2.17.13.5	0 10/3/3	0 ()	000000		
		cause (0), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF	c cardialin	ascular de	2)	
		PART 2 OTHER SIGNIFICANT	(c) MAN	TING TO DEATH BUT	NOT DELATED TO THE TE	RMINAL DISEASE OR COND	TION CIVEN IN BI	ADT 1:-
	z	PART 2 OTHER SIGNIFICANT	Dilail ali	MING TO DEATH BUT	Gallie 1 DA	It AMINALDISEASE OR COND	I /	ART IId
	CERTIFICATION	19g. DATE OF OPERALION	196 CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	EINDINGS LISED
7	FC.	170. DATE OF OPERATION	The Colvollor	OK WHICH OF EKATIC	WAS TERT ORMED	1./	IN CERTIFYING CA	AUSES OF DEATH?
5	Ē	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJUR	NV.	121, HOW IN HIRV OCCI	VES NO VI	YES _	NO 🗍
2		OR CONTRIBUTING CAUSE OF DE	LICUID A AL ALC	ONTH DAY YEAR	THE HOW INJOHN OCCU	CHED LEVIER ANTORE OF INJURY	IN HEM IB PART I OR PA	un 2)
7	ΰ	(IF EITHER NOTIFY MEDICAL EXAMINE		19	TAN LOCATION			
F	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU		21f LOCATION STREET	CITY OR TOW	N COUN	NTY STATE
		AT WORK				7 7/11	15	7
		22a. I certify that (1) (this hasp	F-7 1 1 1 1	511-1	, 19_0	, ta	. 19_0 /	, that (I) (we) las
		saw the deceased alive at above, (1) (we) (did) (did no			nd that in (my) (aur) opinio	an death occurred an the dat		
		226. SIGNATURE	(60)	1010	DEGREE	LIEDICAL STAFF		DATE SIGNED
		Kuth	alle	IND	ATTENDING PHYSICIAN			1/14/81
1.0		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			1
		KUTH GST	(F), MD					
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATOR	Y 23d LOCATION	r Outstu	STATE
		Burial	Jul 16 198	37   Baltim	ore National	Baltimo	re N	Maryland

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Maryland

JUL 15 1987 Julia Davidson Rendals

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007	7 0 1 111	1-	STATE	i. L., / ub	MED	ICAL EXAMIN	ER'S CE	RTIFICATE O	F DEATH	REG. NO	0	1 2 2	
b U /	3   JUL	T DE	GISTRAR CASED NAME OR PRINT)	FIRST		MIDDLE	LAS	7	Ze. DAT	E KNOWN X		AY YEAR 25 HOL	JR
	ET 8.5. 25.	1 (11)	CORPRINT)	Todd		J.	Wande	emberg	DEAT	ESTI-	7/ 2	22/19 87	M
	PEA TREE	3 SE	4.	RACE 5.	DATE OF BIRTH	YEAR LAST BIRTHOA	ARS IF UNDE	R 1 YR. IF UNDER 2	24 HRS. 2c. DA	ATE PUNCED	MONTH C	YEAR 24 HOLD	UR 12
	ON SOUR		M		10-7-8	6 YE		DAYS HOURS		AD	7/ 22	2/ 1987 A	
	1 IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES, LED, WITHIN 72 HOURS OI W PRESTON STREET,	FC	RTHPLACE (STAT		CITIZEN OF WH		8 MARRIED	☐ NEVER MARRIE	D V 9. BALT	IMORE CITY O	COUNTY	OF DEATH	
	S S S S S S S S S S S S S S S S S S S		MARYLA		0.5		WIDOWED			timore		,	ND.
	Y IS	10 C	ITY OR TOWN OF		(IF NOT IN SUCH FAC	ITAL, NURSING HOME		INSTITUTION	FOR MOST OF V	VORKING LIFE)	OF WORK 12b	KIND OF BUSINESS OR INDUSTRY	
	DELA PRE PRE PRE PRE PRE PRE PRE PRE PRE PRE	LISTI	Balti	more	405 N. S	treeper St.	•		INF	PANT		- Committee	_
21201	TH. IF ANY DELAY IS NE S 1, 2, AND 3 TO THE FUI PM 3. RETAIN PAGE 5 NO 2 SHOULD BE FILED. V WITAI RECORDS 201 W	13a S	TATE ND,	13b COUNTY	THER INSTITUTION, GIV	13c. CITY OR TOWN	136	I. INSIDE CITY LIMITS?	405 M	N. STR	EEPER	21224 ST.	
MD.	H. IF A 3.	14. F.	ATHER'S NAME	A	AIDDLE	LAST	15	MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
RE,	HIS SO			NER V	VANDEM	BERG		MARLE	NA 1	D. PA	LUGI		
LIMO	# Sug /	16e \	WAS DECEASED E	EVER IN U.S. ARME		166 SOCIAL SECURITY		INFORMANT		ADDRESS		21224	1
NA.	136.8		No			NONE	]	Marlena I	), Wanc	lembero	- 405		7
DIVISION OF VITAL RECORDS, 201 W. PRESTON SF., BALTIMORE, MD.	0 00		18 CAUSE OF I	DEATH (Enter anly of TH WAS CAUSED B	٧.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	ТН
NO	MEGES S	7	9000	) IMMEDIATE	AUSE (0)	ehydration '	25						_
REST	A STATE OF		Conditions,	if ony, which				1.5 EV			77 6		
N. P	E SAN			to immediate	< (0)	nvironmental		rmia					_
201	N N N N		lying couse	lost.	(c)								
DS.	AND		PART 2 OTNER SIGN	IFICANT CONDITIONS CON		UT NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN IN PART	[ ] (a).				=
Ö	WID BE DOWN FOR WELLOW BE DOWN BED AS THE ALTH ALL CREW	NO											
2	RE THIS CERTIFICATE SHOULD INF. WRITING THE WORD "PEN DRWARDED TO THE CHIEF M. R. PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD IN 21201 PRIOR TO BUILD IN 1970	CERTIFICATION	19e. DATE OF O	PERATION	196. CONDITI	ON FOR WHICH OPER	ATION WAS	PERFORMED?	9-1-1		2	0 AUTOPSY?	
¥¥	WORD "PE WORD "PE WE CHIEF A DE USED A SUT OF HE	I E				Sec. 3 - 1						YES X NO	
0.5	ATE WEN WEN YER		210 EXTERNAL	CAUSE WAS NIMARY	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HOW	INJURY OCCURRED	(ENTER NATURE OF	MUNTER 18 PA	ART 1 OR PART 2)		
ON	CERTIFICATE WITH THE WED TO THE WAS SHOULD BE DEPARTMENT OF THE MEDICAL SHOULD BE DEPARTMENT OF THE SHORE TO BE SHOULD BE SHOWN TO SHOW TO SHOW TO SHOWN THE SHOWN TO SHOW THE SHOWN THE SHO	MEDICAL	CONTRIBUTING	CAUSE OF DEA	ATH P.M.	19		ure to heat					
IVIS	CER DED NO.	1 8	21d. INJURY OC WHILE		STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCAT		CITY OR		COUNTY	STATE	E
0	WAR WAR TATE		AT WORK	AT WORK	h	ome		N. Streeper	, Balti	more Cit	у,	Maryland	
	GATE, THIS CERTIFIC CATE, WRITING TI- FORWARDED TO OR: PAGE 3 SHOU THE STATE DEPART IND, 21201 PRIOR	1	22a   certify	that took charge o	f the remains described	ribed above, held an	Autopsy	Inspection	, Inqui	ry , and	d in my opinia	in	
	MEN THE	1	death resulted	fram: Natural	cause	Academi L. Ju	icido	Hamicide .	Undetermined	manner,			
	A V CORP		ACTUAL (	Ulin.	11000	me In	MIIII	WEG i Ctant	L.		DATE	7/23/87	
	SEA SEA	7	SIGNATURE	- uuu	- X	1	LLCARD	Nssistant	MEDICAL EX	AMINER	SIGNED_	1/23/01	-
	E SE		EXAMINER'S NA	AME Den	nis F. S	myth, M.D.	ADI	DRESS	lll Penr	st.			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANDORE, MARY (AND. 2)	23a. B		ON, REMOVAL 236.		23c NAME OF CEA			23d LOCATION		COUNTY		=
07/B4	BP V PT	1	BUF	RIAL 7	-24-86	GARDEN	S OF	FAITH	BA	LTO	MD	STATE	
25M	DHMH - 17	1244	HAME DIRECTO	OR				250. DATER	ECZ 4 REPLY	PAR 251 REGIS	TRARISE	Misadaes	
	(VR A15 ME (5))	1	tartler 1	Tillan-	2334	Deflerso	KL ~		- 100	-	*	1	

			7 5 7		
	on dell				
	31 P	8-1-21	W M		
		D. S. A			
Luk-net					
Pan Suspendid M Boy		COTUA SI	J.M		
THE MENT OF THE STATES		1. 1962 3647	Santrad		
18 18 BOY 4 19 CONTRACTOR					
		- 36 - 41 X			

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

30 47	FOR STATE REGISTRAR		CERTIFICATE OF DEATH 8 7 REG. NO. 2 0 2 3 9								
	CEASED NAME FIRST ANDRE	EW S.	WARCHAL	20 DATE OF DEATH MONTH	987 YEAR 26 HOUR 8:25P						
n se	JALE	CAUC.	DATE OF BIRTH  MONTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						
7 NI	EW JEESBY		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE 128 USUAL OCCUPATION	MD.						
3	HILDRE HOME OR OF CHANGE O	AMOE OF HOSPITAL, NORSHAG  AND IN SHCH FACILITY, GIVES REET ADE  HER INSTITUTION GIVE RESIDENCE BEFORE AD		TYPE OF WORK FOR MOST OF WORKING LI							
Jul	RYLAND I'M COUNT		13d INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NA/	13. STREET ADDRESS / ZIR COD	DN AVE 21721						
160	VALENTINE WAS DECEASED EVER IN U.S. ARME	WARCH	L FRANCES	ADDRESS	OBERC.						
	(IF YES GIVE V	VAR OF DATES) 157-09-1	179 MR. JOSEPH	- DNHEISER S	510 9. HILTON						
	PART I. DEATH WAS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  GASTROINTESTINAL BLEEDING  MMETASTATIC ADENOIA CANCER										
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	VEN IN PART 110									
CERTIFICATION	19s DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY?  YES NOTE TO THE TOTAL TO THE TOTAL THE TOT							
148	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IB	PART 1 OR PART 2)						
MEDICAL	WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FAR)	M, ETC.)	CITY OR TOWN	COUNTY STATE						
	220.1 certify that (1) (this haspital sow the deceased alive an above, (1) (we) (did) (did not)	JULY 28 19		to JULY 28 death accurred on the date and ha							
	THE SIGNATURES	rap bal	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED						
	BEENA NAJE			RCH HOSPITAL C OADWAY BALTIMO							
以	BURIAL CREMATION, REMOVAL UNERAL DIRECTOR ACCIONANTE TO	7.31.87 OF.	SHANISLAUS U	PALTIMORE ERECD BY REGISTRATION REPORT	COUNTY AND THE						

DHMH - 16 60M 7/B4 (VRA 15, 4)

DHMH - 17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR
BLOWN - Thompson F.H. 1913 W. Balto. 5+

Len . Px. VE

Bathmere,
REC'D. BY REGISTRAR 236 REGIS

COUNTY STATE

MATYLOG

RAR'S SIGNATURE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



058696

requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician. bely filled in by the fa

STATE	OF	MARYLAND	
SIMIL	VI	MARILAMID	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

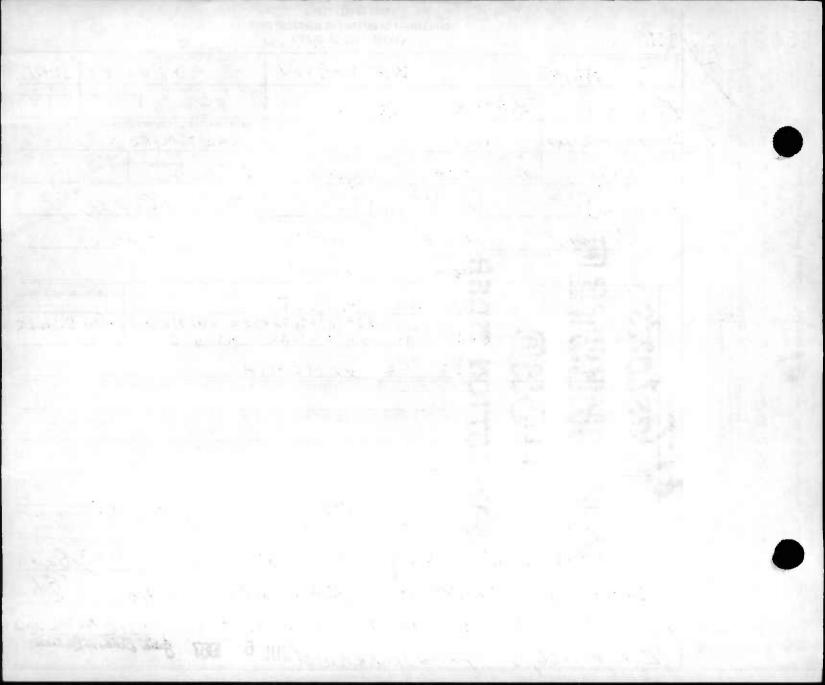
13	0	10%	63	
6a	U	Cres	-	1
REG NO.				

1		FOR STATE REGISTRAR	CERTIFICATE OF DEATH 3 REG. NO. 2 4							
1		CEASED NAME FIRST	MIDDLE	14/1	SII: Ad-Tail	20 DATE OF DEATH	MONTH DAY	_	26 HOUR	
		ORPRINT) ALINE			SHINGTON		102	87	2,4/AM	
	J. SEX	ENDLE	Black	S. DATE C	OF BIRTH	6. AGE LIN YEARS LAST BIR	MONIH	PER CALLED	HOURS MIN.	
-	Pa. Bil	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	ITRY? 8.		9 BALTIMORE CITY O	R COUNTY OF D	EATH		
A	58	with CARULINA	U.S.	MARRIE	D NEVER MARRIED DINORCED	BALTI	MORE	CITY	MD.	
24	iii ci	CTTY	11, NAME OF HOSPITAL, NU			120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE   IN	L KIND OF	BUSINESS OR	
2	130. 5	RESIDENCE (IF NURSING HOME OR TATE 136 COUN	VTY 134 ÇITY OR		YES NO	130.STREET ADDRESS	ZIP CODE CAREY	5+.	21217	
C	14. FA	THER'S NAME CHARLIE	MIDDLE HALD	Kins	15. MOTHER'S MAIDEN NAM	WE	Fost	ERIAST		
		AS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE				
,	{y	ES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)		Chart					
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b ED BY: TE CAUSE (a) CAR D	bi, and ich	ARREST			APPROXIM BETWEEN ON	ATE INTERVAL NSET AND DEATH	
		IMMEDIA	DUE TO OR AS A CONS	SEQUENCE OF	RTERIOSCREI	Rotic Carl	iovaso	wear	Disease	
		Conditions, if any, which	( (b) CEREL	BRAL	VASCULAR	DISEUS	E			
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	NILE	DEMENT	iA				
		PART 2 OTHER SIGNIFICANT	(0)				DITION GIVEN IN	PART 110		
	NO.	days income in								
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO				
1	CERT	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE			OR PART 2)		
(2)	AL (	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
1	EDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TO	wn c	OUNTY	STATE	
4	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	1/10 01	4 0	>/	03		
		22a.1 certify that (I) (this boso			10 19 03	, to	102,190		not (I) (wellost	
		sow the deceased alive an above, (1) (we) (did) (did no	view the body ofter death.	19 7.0	nd that in (my) ( occ) opinion (	death accurred on the d				
		726. SIGNATURE Kuang. Yen Huang MU ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN							IGNED	
1		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		27e ADDRESS			-	87	
V_		KUANG-Y	EN HUANG	7 M.D.	BON_	SLCOUR.	s Hos	pix	al'	
	230 B	EURIAL, CREMATION, REMOVAL SECIETY DUNIAL	7-9-87		EMETERY OR CREMATORY	23d LOCATION ROOTOWN	MORE CO	INTY NY	arginn)	
B4	24 FU	INERAL DIRECTOR Phile	ips 17210	RESS 7 N./		6 PS/	25 RIGISTR	SIGNAT	States.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and eshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Paper with the State Dept. of Health and Mental Hygiene prior to burial, ciematian, ar removal.



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the haspital

BP.

or offending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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K4	GISTRAR		CERTII	TICALE OF DEATH	REG. No	O			
	ECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	I HTHOM	DAY YEAR	2b. 1	HOUR
(11)	CECEL	IA	WASHI	INGTON		7	18 8	37	M
3. SE	EX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YE	_	INDER 24 HRS
	FEMALE	BLACK	MO5	7 1909	78	YRS.	MONTHS DA	YS HOL	URS MIN.
70. B	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
M	ARYLAND	US	WIDOW		CITY	•			MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	126 USUAL OCCUPATI	ON E WORKING LIE	12b. KINI		ISINESS OR
BA	LTIMORE	1100	ON STE	REET	RETIRED		2) 11.0001		
USU 13a	JAL RESIDENCE (IF NURSING HOME OF STATE	OR OTHER INSTITUTION, GIVE RESIDENCE B			13e STREET ADDRESS		212	17	
MA	RYLAND	The second secon	MORE	YESTE NO		LANV		SТ	
_	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		44254 V 4	The later to	LAST	
	ANDREW	WILLI		DELTA	MIDDLE	T	ORDAN		
	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	ADDRE		JADAD	-	
	NO	VE WAR OR DATES)		CHART					
F		anly one couse per line for (a). (h	n and (cs)	1 CHARL			APPI	OXIMATE	INTERVAL I AND DEATH
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I, DEATH WAS CAUSED BY:								AIDOCAII
	IMMEDIA	ATE CAUSE (a)	(   - 10 (		3				
		DUE TO, OR AS A CONSE	EOUENCE OF	145.10	nound		- 100		
	Conditions, if ony, which gove rise to immediate	(b)	nong	aguy un	131000				
13	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE		20.111.20					
		(0)	vieno						
Z	PART 2 OTHER SIGNIFICANT	EN IN PART	1(a)						
CERTIFICATION	190 DATE OF OPERATION	190 DATE OF OPERATION 196 CONDITION FOR WHIC			200 AUTOPSY? 20b. IF YES, WERE FIND			DINGS	LISED
윤	THE DATE OF CICKATION	The Continuon Tok W	neri Orekane	or was rem owned	IN CERTIFYING CAUSES			SES OF D	DEATH?
E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YE:			0 🔲
	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR		LED (EINTER NATIONE OF WOOD	7 H4 HEM 10, 7	ART TORTART	4.7	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	R) P.M. 21e. PLACE OF INJURY							
MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CHY OR TOV	/N	COUNTY		STATE
	AT WORK AT WORK		n	67	11-10		0		
	220.1 certify that (1) (this hasp saw the deceased alive a	pital) attended the deceased from	4 /	, 19	, toY		19		(I) (we) lost
	obave, (1) (we) (did) (did n	not) view the body after death.	19	end that in (my) (our) apinion o	death occurred on the de	ond hou			
	22b. SIGNATUR	X		DEGREE ATTENDING	MEDICAL STAI		22c. DA	ATE SIGN	VED
	U	D) we	n	PHYSICIAN [	DIRECTOR   PHYSIC		1	241	17
	228. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	1 11			,	
	MJ.	ROWHIM	1.00 PM	1444 X	. Coy A	1.4	1217		
	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATUN		COUNTY		STATE
	BURIAL	7-23-87	NEW CA	THEDRAL	BALTIM		MAR	YLA	ND
24 F	FUNERAL DIRECTOR	ADDRES	S	1111	E REC'D. BY REGISTRAR		RAR'S SIGN		
1	E.L. PHILLI	PS 1721 N.	MONROE	STREET JU	L 2 0 1301	Guna	bear said		

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending provides should be detached for use as the buriol-transit permit. Then please remove corbangates with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal, MPORTANI. If them 21 is marked or tem 18 shows any injury, ar other traumotic event, the

UDU	16		JUL 2	7'8	REGISTRAR
4_				1. DE	IRTHPLACE
4D 21201	24 hours after deat	illed in by the funer old be filed within 7	nistice notified of	10. C	AL RESIDENC
TIMORE, MARYLAI	be executed within	an and campletely f	e medicol examinering	14 F4	VAS DECEASI VES. NO OR UNKN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner mast be notified at one.	MEDICAL CERTIFICATION	Conditions, gove rise cause (a) underlying  PART 2 OTH  19a DATE OF  21a ACCIDEN OR CONTRIBUTER IN 21d INJURY WHILE AT WORK  22a.1 certify sow the obove 22b. SIGNAT  22d. PHYSICI  22d. PHYSICI  3URIAL, CREM

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

87 20243

4	1 0	FREGISTRAR		CERTITI	CAIL OF DE	MIII	REG. NO.		
	1. DE	CEASED NAME FIRST	MIDDLE	LA	ST .		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	,
	3 SE	_James	RACE	S. DATE O	ninstar	JUR	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
	3 36	î M	B 1	MONTH		YEAR	20	MONTHS DAYS HOURS MIN.	
-1		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTE	RY? 8	NEVER MA	RRIED 7	P BALTIMORE CITY OR COUNT	Y OF DEATH	
4		S. C.	USA	WIDOWE	DIVO	RCED	Baltimor		
		Baltimore		REET ADDRESS)	1 Medice	000	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY	
	13a. S	AL RESIDENCE (IF NURSING HOME OR OF			134 INSIDE CITY	LIMITS?	13e STREET ADDRESS BIO	wy Ave 2122	+
	14 Fa	James	Washi.	naton	15. MOTHER'S M		E MIDDLE	S C B++	
			ED FORCES? 166 SOCIAL SI	ECURITY NO.	17. INFORMANT		ADDRESS	710 0	
9		18 CAUSE OF DEATH   Enter only	271	0 03074	Evely	n W	ashington 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
	18	PART I. DEATH WAS CAUSED	RY.	pulmon	an A	rrest		BETWEEN ONSET AND DEATH	
			DUE TO, OR AS A CONSE						•
		Conditions, if ony, which gove rise to immediate	(b) Anen	ma					
		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	opport of the property of the	a				
	z	PART 2 OTHER SIGNIFICANT CO				THE TERMIN	VAL DISEASE OR CONDITION GIV	/EN IN PART 1(a	
	ATIO	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION	I WAS PERFORM	AED	200 AUTOPSY? [286. IF YE	S, WERE FINDINGS USED	
2	CERTIFICATION						IN CERTI	FYING CAUSES OF DEATH?	
2	1 CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	,
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION	9.75			
H	WE	. WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	STREET		CITY OR TOWN	COUNTY STATE	
	10.7	220.1 certify that (1) this haspital		MI	20	19. 87	F. to 71 72	19_Set, that (I) we lost	
		sow the decease Jolive on above (I) (we) (did) (did nat)	view the bady after death.		d that in (my) (or	ur) opinion de	oth accurred on the date and hou		
		adelido y	8 Roll		ATT	ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED	
П	M	224 PHYSICIAN'S NAME (TYPE ORP	RINT)		22e ADDRESS	1.	1 00-	+	
	00 0	Ade aide	J. KODD		17/	Med	direct Con	lev	
1	230 B	BURIAL, CREMATION, REMOVAL	7/25/87		w Mem.		Bartimore	COUNTY MD STATE	
		UNERAL DIRECTOR	ADDRES	55		25a. DATE I	REC'D. BY REGISTRAR 25h PEGIS	RAR'S SIGNATURE	
	N	Vm. C. March F/H	IIUI E. Nort	n Ave.		JUL	2 30/		1

Property of the Control of the Contr

-5430 & 18 stranger and 20043-

### STATE OF MARYLAND

061000	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
061086 DUL	29	GISTRAR CERTIFICATE OF DEATH 8 REG. NO. 2 6 3 1	
n f	I. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MON THOUGHT	
od deod		WILLIAM EARL WATERS 1-20-01 LA	M
4 9 4 9 4 9 4 9 4 9 4 9 9 9 9 9 9 9 9 9	1. SE	MONTH DAY YEAR MONTHS DAYS HOURS MI	RS IN.
9 5	_	MALE NEGRO SEPT 5, 1929 57 YRS.	
4 70 76	o Bi	IRTHPLACE (STATE OF FOREIGN 76, CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   9, BALTIMORE CITY OR COUNTY OF DEATH	
9 9	K		MD.
d the	10 0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OF THE PROPERTY OF THE PRO	OR
20 8 6 6 7	K	OPALTIMORE BON SECOURS HOSP RETIRED. DISARILITY ALRESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!	_
D 21		JATE 136. COUNTY 136_CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE	
LAN Should be a sh	/Y	THER'S NAME  THER'	
with with a 2	14. FA	FIRST / MIDDLE LAST FIRST MIDDLE LAST	
E, M	160 V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21207	_
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ATIN Per u		The state of the s	7
+ + + + + + + + + + + + + + + + + + +		PART I. DEATH WAS CAUSED BY:	H
N ST certing in a ribon ir ren		IMMEDIATE CAUSE (0)	-
PRESTON he deoth come of the offendin emove cort mation, ar		Conditions, if ony, which	
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by the		underlying couse lost.  DUE TO DE AS A CONSEQUENCE OF	
ned the plea		PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	=
RECORDS, Ilaw requii n. n. so been sig	No /	3) 15chening heart discon	
ECO ow r	CERTIFICATION	HO DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
ALR he li iene t pee	TIF	YES NO YES NO NO	
PF VITA  THICOTE  THICOTE  OI Hygi  In 18 sh	G	216. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH TO PART 2	
SICIA ng ph ng ph riol-tr ental ltem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
NG PHYSICIAN: The rate of the buriol-transit physician has sentificate has the buriol-transit phand Mental Hygier phand Mental Hygier phand Mental Hygier phand mental Hygier phand Mental Bahov	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM. ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE	
DIVIS DING P or after the os the alth and		TAL HOME STREET, FACTORY, OFFICE, FARM, ETC.)	
H S S S S		21x 1 certify that (1) this habital) attended by decorded from 19 6 to 19 6 that (1) (we) lease the decorded alive in 19 6 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated	
DR ATTI hospit IRECTC hed for ept. of them 21	. 1	above, If the fidid (did not) the the book ofter death.  226. SIGNATURE  DEGREE  276. DAY SIGNED.	
I OR the h toche e Dep		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
		PHYSICIAN DIRECTOR PHYSICIAN    224, PHYSICIAN'S NAME (TYPE OR PRINT)  226, ADDRESS	7
TO HOSPITA retained by TO FUNERA should be di with the Sto		MARCELINO D. ALBUERNE M.D 5772 Westview MALL BALTO. MD 21228	-
Share Share	23a B	BURIAL, CREMATION, REMOVAL 1236, DATE 1234, NAME OF CEMETERY OR CREMATORY 1234 LOCATION	
BP	(	SPECIFY OR FOWN , COUNTY STATE	
DF	24 FL	DURIAL 17-27-87 GARRIGAS FUREST V.A. ISALTO. CO MO UNERAL DIRECTOR  156 DATE REC'D BY REGISTRAP'S SIGNATURE	

DHMH - 16 60M 7/84

(VRA 15, 4)

Ingspith. Russ 2222 W. NaRTIN

1987

22 BATTATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	i	REG.	NO.	U	die	64	2	
DATE	OF	DEATH	MONTH 7-	19 19	- 8	7	26 HOUR	
GE (	IN YE	ARS LAST	BIRTHDAY)	IF UN	DER 1 YE	AR	IF UNDER 24	HR

		CEASED NAME	FIRST	- /	MIDDLE	L	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
	(TYPE	OR PRINT	DWA	rd s	· u	Jati	Kins		7-1	19-87	230 M
	3. SE2	X		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Wh:	ite	MONTH	- 05- 1899	88	YRS.	MONTHS DAYS	HOURS MIN.
195 10	70 B	RTHPLACE (STATE OR F	OREIGN	16. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
ot ou		Maryland		I	JSA	WIDOWE	D NEVER MARRIED DIVORCED	D 11 1			
17		TY OR TOWN OF DEA	(TH		HOSPITAL, NURSIN		PR OTHER INSTITUTION	128 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
20		Baltimore		Ville	ST, 111	1Cn/40	9/	Retired			
d stan	13a. S	AL RESIDENCE (IF NURS STATE aryland	13b. COUN		130. CITY OR TOW Baltimo	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS . 4409 Bucha			21211
Der	_	THER'S NAME					15. MOTHER'S MAIDEN NA				
E Y		Howard		MIDDLE	Watkir	าร	Annie	WIDDIE	ı	McDonaÎ	.d
9		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE			
medi	('	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	213-14-8	3715	Kenneth Watkins 4409 Buchanan Avenue 21211				
t, the		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), or	nd (c).)	1	0. / 11	7	BETWEEN	ONSET AND DEATH
even		PARTI DEATH W		E CAUSE (o)	CARDI	AL	AMEST-	Propla	1		
otic				DUE TO, O	R AS A CONSEOU	ENCE OF				16.4	
mn		Conditions, if ony,		( (b)						1000	
V.		gove rise to imm		DUETO	R AS A CONSEOU	ENCE OF		7 1 7 7 9		The state of	
1		underlying couse	lost	(10)	K AS A CONSECU	EIVEL OI					
1		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							0
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\$77	CAT	190 DATE OF OPERATION 196. COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
S NO	TIFI							YES NO YES NO			
8 / )	CERTI	210. ACCIDENT WAS UNI	_	110110 4				RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART L OR PART 2)	
E		OR CONTRIBUTING		III	M. MONTH DAY YEAR M. 19						
÷ 0	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	CITY OR 10	hade (	COUNTY	STATE
is morked	¥	WHILE NOT WE	HILE	(AT HOME ST	REET, FACTORY, OFFICE	FARM, ETC )	ZIKEEI	CITYONIC		000	31470
E		220.1 certify that (1)	7-12	tol) attended th	e deceased from	100	5 19 80	5 , to JUL	119	19 87	that (II (E) Post
	н	sow the decease	ed alive on	501	4/9/19	87,00	nd that in (my) four) opinion	death accurred on the d	ote and hou	r and from the	couses stated
E e		22b SIGNATURE	alp) (dia no	1) view the body	affer deoff.		DEGREE		_	22c DATE	SIGNED
MPORTANT: If Hem 21		Scoth	1	1			ATTENDING PHYSICIAN	MEDICAL STA		7/	19689
PRTAN		22d. PHYSICIAN'S N	and the same of	1 6	. 11		22e ADDRESS	UNIU PA	ewi	_	
APO		000			14				7		
_		BURIAL, CREMATION,					EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
_		Buria	Τ	7/23/	/8/ W	oodla	wn Cemetery	Baltimo			aryland
A 7/B4		UNERAL DIRECTOR			ADDRESS		25a DA	TE REC'D. BY REGISTRAR	266. REGIST	PARS SIGN	ZURBLARD,
1)	A	. Alan Sei	tz, J	r. 3615	-19 Chest	tnut A	ve. 21211 <b>JU</b>	L & I MU			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF DEATH

1352 JUL 30	87.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	2 41-			
nay be page 3 r death		PEASED NAME FIRST MARGAR	RET GERTRUDE	WATTS	JULY 24,1987	CAR IN HOUSE			
dor, pag	3. SEX	male	4. RACE Black	5. DATE OF BIRTH Dec. 26, 1903 YEAR		UNDER 1 YEAR IF UNDER 24 HRS			
Perol do	70. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City				
of the fa	16	ry or town of death  ltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Ridgeway Ma			126. KIND OF BUSINESS OF INDUSTRY Homes			
12 25	USUA 130. S MD	L RESIDENCE (IF NURSING HOME OF TATE 136, COU!	ROTHER INSTITUTION GIVE RESIDENCE BEINTY NTY LEXIN	OWN 13d. INSIDE CITY LIMITS?	Rt. 3, Box 120				
d - Annual of the state of the	19 FA	THER'S NAME FIRST TOM	MIDDLE Washing	is. MOTHER'S MAIDEN N	MIDDLE	wrence			
BALTIMORE, MARYLAND 2120  cote for executed when 24 hours appears only scions and completely face in Engles and the medical secondary manufacture in the medical exceptions manufacture in the medical exceptions.		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS Butler, same as				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (o), (b), ED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
he deoth certified to the offending permove carbon, or remirent retroumotic even.			DUE TO, OR AS A CONSEC						
Ser cre		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF V.A.					
201 pled uriol	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
The low reconstruction.  The low reconstruction.  It is bost been stated by the prior of the pri	CERTIFICATION	198. DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)			
VISION OF V  O PHYSICIAN  of this certification on Americal the buriol-tro  ond Americal the feet of t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION	CITY OR TOWN	COUNTY STATE			
TENDING itol or a OR: Afte or use os f Heolth		22a. I certify that (1) (this hosp	nital) attended the deceased from 7 - 2 - 19		7 to 7 - 2-4 19. In death occurred on the date and hour or	that (I) (we) las			
the hosp the hosp toched for e Dept. o		22b. SIGNATURE	at) view the body after death.	DEGREE  LICATIENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED			
O HOSPITAL of the corned by the corned by the corned by the corne determine the corned by the corned		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e. ADDRESS	UKECTOK - PHISICIAN -	1 ( )			
56 = = 1 = 1		URIAL, CREMATION, REMOVAL	T	NAME OF CEMETERY OR CREMATORY  mmaculate Heart ary		OUNTY STATE			
BP DHMH - 16 50M 4/82		Burial  NERAL DIRECTOR  Matt	17-28-87   M	250 D	ATE REC'D BY REGISTRAR 256 REGISTRA				

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

059487.	1.	FOR STATE	DEPARTM	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0	
Page 4 may be director, page 3 hours ofter death	3. SE	CEASED NAME FIRST OPPRINT J. ZABETHBESSI	RACE White	LAST WEAVER 5. DATE OF BIRTH MONTH OAY 1906	80 yrs.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
by the tuneral di	M. 10.5	TY OR TOWN OF DEATH  ALTIMORE	L NAME OF HOSPITAL, NURSIN  I. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET,  MERCY HOP  WHER INSTITUTION, GIVE RESIDENCE BEFORE	ITAL BALTIMOREM	9. BALTIMORE CITY OR COUNTY  120. USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WORKING LIFE  10. HOMEMAKER	126. KIND OF BUSINESS OR
ecuted within 24 ho dicordonely lined in per i and 2 should be Scal woming many	13a 14. F/	TATE  ATTENDED TO THE COUNT  ATTENDE TO THE COUNT  ATTENDED TO THE C	HOLE BALLING  HOOVE  LED FORCES? 166 SOCIAL SECU	DRE 13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA RITYNO. 17 INFORMANT	1524 Neight	SMITH
to the graft certicate be as by the attention of graft certical of the sound of the		NO -	one couse per line for (o), (b), one BY:	ailure ince of	GALET JONES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
isCIAN: The low requires the physicion. retrificate has been signed rick-transit permit. Then pleased Hygiene prior to buriate 18 shows any injury, er	CERTIFICATION 130	PART 2. OTHER SIGNIFICANT CO  AT 2 N L [M L  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
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TO HOSPITAL OR ATTE retoined by the hospital TO FUNERAL DIRECTO should be detoched for with the Stote Dept. of IMPORTANT: If them 21	230	226. SIGNATURE  22d. PHYSICIAN'S NAME (14PE OR I	-Barton d	DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS  JAME OF CEMETERY OR CREMAJORY	MEDICAL STAFF  DIRECTOR PHYSICIAN (1) SH	of July 11,1987
BP DHMH - 16 60M 7/84 (VRA 15, 4)	BX	URIAL  JINERAL DIRECTOR  ZOROWSKI F	7-14-87 SA	HCREN HEART OF JE	SUS TE REC'D. BY REGISTRAR 25UREGIST UL 1 4 1987.	COUNTY STATE

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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060270 j	ni a	FOR -		DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	. 2,00	248
dech 3	(TYPE	EASED NAME FIRST OR PRINT) LOIS		FD.	W	ebb	2a. DATE OF DEATH	2200 8	7: 18 RM
meder, p	3 SE)	F	4. RACE	C1	5. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN.
death of the state		OUNTRY)  1000.		WHAT COUNTRY?	WIDOWE		BAL	TO GTY	MD.
A DEX	)	Baltimore	(IF NOT IN SI Kesw:	ick Home	21211	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Retire	OF WORKING LIFE   INDUST	D OF BUSINESS OR RY
1 24 hours	13a S	laryland		136. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES 😿 NO 🗌		/ ZIP CODE Spring Lane	e 21210
ompletely ond 2 sf	1		MIDDLE Iugo	Ford		15. MOTHER'S MAIDEN NA/ Beryl	Star		Reiny
be execu on and s. Pages		(# YES, GT	MED FORCES?	435-22-5		Mrs. Beryl D	avis 830 W.	. 40th Stre	
deoth certificate ottending physici ove carban paper thian, or removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause p D BY: TE CAUSE (a)_		ray	ocalesse	n	SET WE	CALL S
that the deoth ce by the attendin lase remove carb il, cremotian, or i		Conditions, if any, which gove rise to immediate cause (o1, stating the underlying couse last.	(b)_	OR AS A CONSEQUE OR AS A CONSEQUE	scl	who heart	diseas	4 5	-jeans
Sand Stole	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT REMATED TO THE TERM	inal disease or con	IDITION GIVEN IN PART	T Ita
to pro-	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
SECIANI I ng physic centificate conditions annal thys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA P.M.	YEAR 19	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
other that as the but the and M and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO		STATE
ATTENDI apital or CTOR: A 1 for use of Heal		220 1 certify that (1) (this hosp saw the deceased alive or abave, (1) (we) (did) (did no	7-19	19 3	2_, ar	d that in (my) (aur) apinion (	death accurred on the d	ate and haur and fram	
TAL OR DAY the ho defauched defauche		5 Auch	Wil	Eson In	in		MEDICAL STA DIRECTOR PHYSIC	FF + - 0	26.87
TO FUNERAL Hould be det Hould be det MPORTANT		22d PHYŠIČIAN'S NAME (TYPE)		son, Jr.	81	700 West 4	Oth Street	21211	
BP		URIAL, CREMATION, REMOVAI SPECIFY) Burial	23b. DATE 7/23/			emetery or crematory wn Park	New Orle		Louisiana
DHMH - 16 60M 7/84 (VRA 15, 4)		Neral Director Alan Seitz, 3	r. 381	8 Roland A	Ave.	21211 JU	2 1 1087	256. REGISTRAR'S SIGN	

March F/H West 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

(VRA 15, 4)

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

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	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	2 0	de To	U	
	CEASED NAME	FIRST	,	MIDDLE	i	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	<b>?</b>
(11)61	CORPRINT	George	e A	dalbert	Wel	ber	July 12th	l,	1987	1:20	PM
3 SE	Х	14	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2	
J	Male Caucasian			asian	Marc		90 yea	ars <sub>yrs</sub>	DAYS DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FO	REIGN 7	L CITIZEN OF	WHAT COUNTRY?	В	D NEVER MARRIED	9 BALTIMORE CITY	RCOUNTY	F DEATH		
	laryland	16.4	U. S	. A.	WIDOW		Baltimo	re City	,		MD.
100	TY OR TOWN OF DEA	тн 1	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET AND STI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Mortician		126. KIND COINDUSTRY Fune		
13a Ma	al RESIDENCE (# NURS STATE aryland —	13b. COUNT	OTHER INSTITUTION	GIVE RESIDENCE REFORE 131. CITY OR TOWN Baltimon	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS 705 S. Ani	n Stree	t #212	231	
14 F	John	м	IDDLE	Weber		15. MOTHER'S MAIDEN NA FIRST Constance	MIDDLE		Nowal	c C	
	WAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRE			,	
	Yes			212-36-62	244	Thaddeus M.	Weber-6845	Duluth	Ave.	#2122	22
NOI	Conditions, if any, which gove rise to immediate couse ioi, stohing the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI										
CERTIFICATION	190 DATE OF OPERATION 196 CONDITI			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIFYI	WERE FINDING CAUSES		H?
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	220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 17-3 19 7, an above, (I) (wold did not view the body after death					nd that in (my) (our) opinion	death occurred on the de	ote and hour o		that (I) (we couses stat	,
	226, STONATURE Marine C-Kowaleur Cut 22d PHYSICIAN'S NAME (TYPE OR FENT)				DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STA		7-/	SIGNED	7	
	Marion C.					8604 Harford		4			
	Burial, CREMATION, SPECIFY) Burial	REMOVAL	July 1			sary Cemetery	Baltimo:	re Coui	OUNTY TL.Y	STAT	TE

BP DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then places remove corbonpapers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

24. FUNERAL DIRECTOR George A. Weber & Sons, Inc. 705 S. Ann St. Baltimore County, Md.

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Marie J. Kebur - Borm, Jun. - Og Bruch Bo.

# STATE OF MARYLAND

	EALTH AND MENTAL HY		REG. NO	0 2 :	5	
MIDDLE H.	Weber	20. DATE OF DEATH	KNOWN ESTI-	7-28-8	YEAR'	26 HOUR
OF BIRTH 6. AGE (IN YEARS) C . 28 , 1922 LAST BIRTHDAY)	III OF THE REAL PROPERTY	4 HRS. 2c. DAT MIN PRONOU DEA	NCED	7-28-8	YEAR	2d HOUR 10:35
EN OF WHAT COUNTRY?	-5-	9. BALTIA	MORE CITY OF	COUNTY OF		ILV - Jigg

\* REGISTRAR

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTERDEATH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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IG THE WORD "PEND!	TO THE CHIEF MED	SHOULD BE USED AS	PARTMENT OF HEALT	RIGR TO BURIAL, CRE	1 = = =	3
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TE, WRITING THE WORD "PENDI	RWARDED TO THE CHIEF MED	PAGE 3 SHOULD BE USED AS	STATE DEPARTMENT OF HEALT	D, 21201 PRIOR TO BURIAL, CRE	-1==	3
ATE, WRITING THE WORD "PENDI	CORWARDED TO THE CHIEF MED	DR: PAGE 3 SHOULD BE USED AS	HE STATE DEPARTMENT OF HEALT	ND, 21201 PRIGR TO BURIAL, CRE	-1===	3
ICATE, WRITING THE WORD "PENDI	FORWARDED TO THE CHIEF MED	TOR: PAGE 3 SHOULD BE USED AS	THE STATE DEPARTMENT OF HEALT	AND, 21201 PRIOR TO BURIAL, CRE	-1==	3
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RTIFICATE, WRITING THE WORD "PENDI	D BE FORWARDED TO THE CHIEF MED	RECTOR: PAGE 3 SHOULD BE USED AS	VITH THE STATE DEPARTMENT OF HEALT	ARYLAND, 21201 PRIOR TO BURIAL, CRE	-1==	3
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E CERTIFICATE, WRITING THE WORD "PEND!	DULD BE FORWARDED TO THE CHIEF MED	AL DIRECTOR: PAGE 3 SHOULD BE USED AS	H, WITH THE STATE DEPARTMENT OF HEALT	, MARYLAND, 21201 PRIGR TO BURIAL, CRE	-1==	3
THE CERTIFICATE, WRITING THE WORD "PEND!	HOULD BE FORWARDED TO THE CHIEF MED	RAL DIRECTOR: PAGE 3 SHOULD BE USED AS	ATH, WITH THE STATE DEPARTMENT OF HEALT	RE, MARYLAND, 21201 PRIOR TO BURIAL, CRE	-1=	3
E THE CERTIFICATE, WRITING THE WORD "PEND!	SHOULD BE FORWARDED TO THE CHIEF MED	<b>ERAL DIRECTOR:</b> PAGE 3 SHOULD BE USED AS	EATH, WITH THE STATE DEPARTMENT OF HEALT	ORE, MARYLAND, 21201 PRIGR TO BURIAL, CRE	-1==	3
JTE THE CERTIFICATE, WRITING THE WORD "PEND!	4 SHOULD BE FORWARDED TO THE CHIEF MED	INERAL DIRECTOR: PAGE 3 SHOULD BE USED AS	REATH, WITH THE STATE DEPARTMENT OF HEALT	MORE, MARYLAND, 21201 PRIGR TO BURIAL, CRE	-1==	3
CUTE THE CERTIFICATE, WRITING THE WORD "PEND!	3E 4 SHOULD BE FORWARDED TO THE CHIEF MED	FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS	ER DEATH, WITH THE STATE DEPARTMENT OF HEALT	HMORE, MARYLAND, 21201 PRIGR TO BURIAL, CRE	-1=	3
EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDIL IN TEMPER GIVE PAGES 1, 2, AND	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALGUIG WITH FORM BM 31 RETAIL	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES MAND 2 SHOUL	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGLEGIE. DIVISION OF WITH HE	BALHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	-1=	3

I. DEC	LEASED NAME E OR PRINT)		IR51		WIDDLE		LAST			20. DATE KNOWN	MONTH	DAY YE	AR' 26 HOUR
(1177)	CORPRINT		Rola	nd	H.		Webe	r	100	OF ESTI- DEATH MATED		28-87	M
3 SEX		4. RACE		TE OF BIRTH	6. AGE (IN YE		DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	MONTH	DAY Y	EAR 2d HOUR
Ma		Whit	e <sup>Mo</sup>	Dec.28	, 1922 LAST BIRTHO		S DAYS	HOURS	MIN	PRONOUNCED DEAD	7-	-28-87	10:35
7e BII	RTHPLACE 15	ATE OR	76. C	TIZEN OF WH	AT COUNTRY?	8 AAADDIS	n TV	VER MARR	IED []	9. BALTIMORE CITY			
	Mary			USA		WIDOW		DIVOR	-	Baltimor	e Cit	y	MD
ID CI	TY OR TOWN	OF DEATH			PITAL, NURSING HOME					UAL OCCUPATION (T			
	Baltimo				kson Street		to.N	Id.	FOR	ret vriren	an	Baito	. City
UA 13a S1	L RESIDENCE	IF IN NURSING	HOME OR OTHE	R INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI		134 INSIDE	EITY LIMITS?	II3a STR	REET ADDRESS 3	2 12)	D 74	- N/I -
Ma	ryland	1 =		m	Bailtimor	е	YES	NO 🗆		E8 ADJES KSC	n St	.Balt	o.Ma.
14. FA	THER'S NAME	iam	MHOC	OLE T	Webet		15. MOTH	ER'S MAID	enname On	MIGOLÉ		Cre'f'g	hton
16a W	VAS DECEASED	EVER IN U			166. SOCIAL SECURIT		17 INFOR		THE	ADDRES			77.5-10.15
[ 72	NO OR UNKNO	WM) (IF YI	ES, GIVE WAR OF	(QATES)	214-16-5	486	Mar	jori	e J	.Weber, Sa	me a	s bov	e
	18 CAUSE O	F DEATH (Er	nter anly ane	cause per line f	ar (a), (b), and (c).)								MATE INTERVAL
	PARTIDE	ATH WAS C	AUSED BY:	Hype	ertensive a	rteri	oscle	erotic	c car	cdiovascula	r	BETWEET	MOET AND DEATH
	3.97	IMM	NEDIATE CAI	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	XX	-	-		777		
18.3	Conditions, if ony, which gave rise to immediate (b) disease and status post right pneumonectomy								41-15				
	cause (a) stating the <u>under-lying</u> DUE TO, OR AS A CONSEQUENCE OF lying cause last.							4333					
	(c)												
z	PART 2 OTHER SIG	GNIFICANT CON	OITIONS CONTRI	IUTING TO OFATH BI	UT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITIO	ON GIVEN IN PA	ART 1 (a).				
CERTIFICATION	19a. DATE OF	OPERATION	7	1196 CONDITI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOF	PSY?
FIC.													
ERTI	210 EXTERNA	LCAUSEW	AS	216. TIME OF	INJURY	121c HC	W INTITIO	COCCUPPI	ED ENTER	NATURE OF INJURY IN ITEM 1	B BART I OR B	YES 3	X NO .
וכו	UNDERLYING	OR		HOUR A.M.	MONTH DAY YEAR		744 1143010	OCCORRI	ED (EI-IEK	INTOKE OF MOOK! IIS HEM!	J. PART TORFA	KKI ZJ	
MEDICAL	CONTRIBUTION		SE OF DEATH		19	211 10							
AED	21d. INJURY C				FINJURY (AT HOME, DRY, FARM, ETC.)		TATION			CITY OR TOWN	cc	DUNTY	STATE
•	WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)												
	22a. I certil	y that I taak	charge of th	ne remains desc	ribed abave, held an	Autops	XX	Inspectio	an .	Inquiry	and in my o	pinion	
	death results	ed/Ronta	Natural cau	ses X	Accident Su	icide .	Hami	cide .	Undet	termined manner			
		death resulted from Natural causes X Accident , Suicide , Hamicide , Undetermined manner ,											
	ACTUAL	NV9	M	· IR	Va las	A			da da coma da		DATE	ED7-29-	27
	SKINATURE,		1	1	1	- m	AS	SISTA	TIT WED	DICAL EXAMINER	SIGN	ED1. 23	07
7	EXAMINER'S (TYPE OR PRIN	NAME NT)	Mai	cio F. (	Golle, Jr.,				111	Penn Stree	t		
23a.Bl	JRIAL, CREMA PECIFY) Bu	rial	VAL 236. DA	31/198	7 Cedar	Hil.	CREMAT	ory mete:	ry ciry	Balto . A	A . Cou	.Mary	land
24 FL	JNERAL DIREC	TÓR	Balt	o.Md.2	1230	Δ.		25e. DATE		Y REGISTRAR 256. REC		-	
	McCull			MUDRESS		A.	ve.	ALL	64			doon- Ran	dall
1	TOULT	y ru	neral	H'anne1	cal Home1	JU L	For	TC					

07/84 25M

**OHMH - 17** (VR A15 ME (5))

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6	05	O JUL	9 8 FOR PREGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO. 2	0 2 5 2
			1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	, be	deoth	(TYPE OR PRINT) SIGH	12 5	WEBSTER	7 2	3 87 545AM
	you od	0 0	3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4	urs offer	Female	White	MONTH DAY YEAR YEAR	82 YRS.	MONTHS DATS HOURS MIN.
	P	P (%)	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	eath	72	NY	US	WIDOWED DIVORCED	Baltimore Cit	MD.
	er d	4	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
	5 5		Baltimore/	Univ. of Mar	yland Hospital	Homemaker	I INDUSTRI
•	26	1 27	USUAL RESIDENCE (IF NURSING HOME OF			13e.SIREET ADDRESS / ZIP CODE	ARMO
	作り	是是		omico Mardela		Rt1 Box 7	46 F0483/
	rithir stely	7 23	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	L LAST
	ed v	P P	1) August	Sher	a Marie	Mort	Hanssan
	xecut	dicol des	160 WAS DECEASED EVER IN U.S. AL	VE WAR OR DATES!	- 1	ADDRESS	
	o e e	Pog	No	214-74	-3966 Hospital	Chart	
	ote ote	yol.	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), ar			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	certificote no obvsici	emo		TE CAUSE (0) Cardio-	Pulmonary Stand	lstill	
		carb , or r		DUE TO, OR AS A CONSEQU	ENCE OF		
	deoth	otion	Conditions, if ony, which	( 16) Multi-	system tailure		
	the the	remo	couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
	hot	or of	underlying couse lost.	(c)			
	1	À À		1 11	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART TIO
	( 1 1	F J ili	o Intracr		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. 1F YES	, WERE FINDINGS USED
	1	0	7/15/87	11 1	11.	IN CERTIF	YING CAUSES OF DEATH?
	Th	Hygier 18 sha	7/15/87 210. ACCIDENT WAS UNDERLYING [	1 216 TIME OF INJURY		YES NO YES	S NO
	CIAN:	ol Hy	OR CONTRIBUTING CAUSE OF DE		AY YEAR	LEWISK NATURE OF INJURY IN HEW IR A	AKI I UK FAKI ()
	0	0 0	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that in (this hospital) attended the deceased from 7/2-3 and that in (my) (opinion death occurred on the date and hour and from the causes stated

saw the deceased alive an above, (I) (ye) (did) (did no the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED

M.D - ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMORY 236. DATE

D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR

page 3

the funeral director

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may be

executed within 24 haurs after death. Page

	STA	ATE	OF	M	ARYL	AND	
AEM	TO	ME	AL	TH	AND	MEMTAL	8.0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. NOT	2 3 0
1 -DECEASED NAME	FIR51	WIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	SUSAN	Naomi	WE	HNER	JULY 3, 198	7 9:501
3 SEX Female	4. R/	White	5. DATE C	P74 20	6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE COMMITTY)		U.S.A.	MARRIE	D NEVER MARRIED DONORCED		Y OF DEATH ITY
BALTIMO		(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	HOSPITAL	120 USUAL OCCUPATION (TYPE O WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS C INDUSTRY HOUSEWORK
USUAL RESIDENCE (IF	NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE 134 CBY O	E BEFORE ADMISSION) R JOWN LIMONE	13d. INSIDE CITY LIMITS?	2824 O'Donnell	St. 21224
14. FATHER'S NAME FIRST GUSTAV	MIDDE	Meure	r	15. MOTHER'S MAIDEN N	beth MIDDLE	LAST
160 WAS DECEASED E			01-3420	Susan Park	Rer 12 Wilbur Rd.	
18. CAUSE OF D PART I. DE AT	EATH (Enter only on H WAS CAUSED BY IMMEDIATE CA	ne couse per line for (o),	(b), and (c).1	nal tal	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD  3 MC1CH
Conditions, if gove rise to couse (a), s underlying c	ony, which immediate tating the ouse lost.	107	ISEQUENCE OF		nxade	1c yours
PART 2 OTHER CLO ING. DATE OF OP THE ACCUMULANT	Gestive	HEATT-	TAHUR	NOT RELATED TO THE TER N WAS PERFORMED	RMINAL DISEASE OR CONDITION GIV	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
TIR. ACCEPTIVA	Manager and Co.	216 TIME OF INJURY		The now haven occur	YES NO NO	ES NO
ON CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONT	H DAY YEAR	210 HOW HADRI OCCU	JRRED (come outrage mode in mo is	FMI (CATALITY)
	CURRED	HE PLACE OF INJURY (A) HOME STREET, FACTORY.	OFFICE FARM THE I	TH LOCATION	citror town	COUNTY STATE
220.1 certify_she soul the day	on Min thylas	asserted the deceased		nd that in (my) (our) apinio	on death occurred on the date and ha	ur and from the couses stated
THE SIGNAL TORK	20	Sol h	MO	ATTENDING PHYSICIAN		22c. DATE SIGNED
22d PHSTCIAN	S NAME LYPE OF PRIN	heertr	M	72e. ADDRESS	JERN WOLFE &	T 21205
230. BURIAL, CREMATI	ial	7-7-87		Heart if Jes	ous Dundalk Balte	COUNTY STATE
Charles S		Son Inc. "	5224 Eas:	tern Ave. 151	ATE RECO. BY BEGISTRAR 135. REGIS	4 4 1 1 1 1

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificated has been selected to should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the haspital or attending physician

BP.

0 5 9 8 6 6 JUL

STATE OF MA	ARY

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR - STATE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1	0	.3	E	4
1	REG. NO.	U	disa	-	7

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ulia Dindoon Rondoca

		REGISTRAR				CERTIF	ICATE OF D	EAIH	O / RE	G. NO.	0	dise	/	
5		EASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEA		DAY	YEAR	26. HOUR	
ì	7,4 3	DR PRINT)	WILLIA	M	JOSEPH		WEIMAI	1		07	13	87	75	PM
	3. SEX	(		4 RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHOAY)	MONTH	DER I YEAR	IF UNDER 2:	_
		MALE		WH	ITE	8	29	05	81	YR		DAYS	HOURS	MIN.
-	7d. BIF	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	- NEVED A	ARRIED 🗆	9 BALTIMORE C	TY OR COU	NTY OF D	EATH		
1		aryland		U.S.		WIDOWE	NO KO	ORCED [		C 1	TY			MD.
2	10. CI	SALT			HOSPITAL, NURSII THE FACILITY, GIVE STREET	T ADDRESS)	_		12a. USUAL OCCI	AOST OF WORKIN	IG LIFE) IN	DUSTRYS	f BUSINES Stanle	5A
3	112111	0/101		200	TH BAL		GEN	KA.L	Truck D	river.	I	rurni	ture	Co.
No.	13a. S	TATE 3	13b. COUN		136. CITY OF TOW		13d INSIDE CI	TY LIMITS?	13e.STREET ADDR	ESS / ZIP CO	ODE	2	21061	
>	M	aryland	A.A		Glen bu	rnie	YES	NO 🔯	110 War	wicksh	ire I	Lane	Apt.	M
	14. FA	THER'S NAME		WIDDLE			15. MOTHER'S	MAIDEN NAM	ΛE					
	)	John	)	WIDDLE	WEIN	MAN	LA	UKA	WID				RET	1
1		AS DECEASED E		MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMA	NT	A	DDRESSAp	t. M	210	61	
3		NO	. (11 123, 010	E WAR OR DATES	218-01-	1654	Joseph	ı V. We	iman 110	Warwig	cksh:	ire I		
,		18 CAUSE OF D	EATH (Enter on	ly one couse per	line for (a), (b), or	nd (c+1			- 1			BETWEEN	MATE INTERVA	AL
		PART I. DEAT	H WAS CAUSE	D BY: E CAUSE (a)	AUTO	- re	SOIKI	17000	Fulla	Te				
				DUE TO O	R AS A CONSEOU	IENCE OF						HIL		
		Conditions, if	ony, which	( 1b)	END S	TAC	e c	OPT			0.			
		gove rise to	immediate	DUE TO O	R AS A CONSEOU	ENCE OF								
	-	underlying c		10,0	K AS A CONSEOU	ENCE OF					1 3			
		PART 2. OTHER	SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN	PART 1:0	1	=
	NO		mut			KIAL	- 7	ACHY		ia	011271,			
1	CERTIFICATION	190 DATE OF OP	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY				IGS USED	
1	Ē								YES TO NO		YES []	CAUSES	OF DEATH	?
	SER	210. ACCIDENT WA	S UNDERLYING	216. TIME C	F INJURY		21c. HOW IN.	IURY OCCURRI	ED (ENTER NATURE C			OR PART 2)		
-		OR CONTRIBUTING	_	1111	M. MONTH D									
1	MEDICAL	21d INJURY OC	MEDICAL EXAMINER	21e, PLACE	M.	19	21f. LOCATIO	N						
	ME	370	OT WHILE TWORK		REET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY	ORTOWN	C	OUNTY	51 A	TE
	- 1			15 44 1 1 4		Jal	7-	0	1	1 13	2	07		
		sow the de	ceased alive an	July July	e deceased from	5		gur) apinian d	eoth occurred on	he date and	2, 19		that + (we	,
		above, (I) (** 22b. SIGNATURE	(did) (did no	view the body	ofter death.		DEGREE					22c. DATE		
		220. SIGNATORE	Ra.	. 1	1 1		A	TTENDING	MEDICAL	STAFF	, '	A DATE:	3 3	7
_		22d PHYSICIAN'	S NI A AAF (TYPE O	n annual	7		22e ADDRESS	HYSICIAN [	DIRECTOR   PI	HYSICIAN		1.1	20	
		120 PHI SICIAN	2 MIR	L U		1		S TON						
		FIL	HILL	SALA	JK	MY			imore Ge		٥.			
		URIAL, CREMATI		23b. DATE			EMETERY OR C		23d LOCATION		cou	NIY	STA	16
		Buri	al	7/16/	87 G	len Ha	ven Men	n. Pk.	Glen B		A.A		arvla	

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial good by edgester tenance carbon dispersion of the control of the burial transit perum. Then places remande carbon dispersion with the State Dept of Health and Mental Haginere prior to burial, cremation, or removal, MPORTAINT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WEINBERG

2-03-3374

NEUMONIA

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

166 SOCIAL SECURITY NO.

MIDDLE

HITE

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

M

216 TIME OF INJURY

P.M.

21e PLACE OF INJURY

CITY OR TOWN

To

VINDAR

76 CITIZEN OF WHAT COUNTRY?

FIRST

en 4 RACE

136 COUNTY

MIDDLE

IMMEDIATE CAUSE (a),

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

and that in [ (aur) op

DEGREE

230 NAME OF CEMETERY OR CREMATO

ALTH AND MENTAL HYG CATE OF DEATH	12 /	REG. NO.	2 0	2	5	5
ST	2a. DATE OF D	EATH MON	NTH DA	Y YEAR	2b. HOL	JR
berg	7/	27/	87		11.	A W
F BIRTH	6. AGE IN YEAR	S LAST BIRTHOA		UNDER 1 YEAR		
9 07	17	9	YRS MO	INTHS DATS	HOURS	MIN.
□ NEVER MARRIED □	9 BALTIMORE	CITY OR C	OUNTY C	F DEATH		
DIVORCED	Balt	to (	ity			MD.
R OTHER INSTITUTION	120 USUAL OC		ORKING (IFE)			
134 INSIDE CITY LIMITS?	13e STREET ADI		CODE	ap	+413	21215 C
15. MOTHER'S MAIDEN NA		WIDDLE			AST	-0412
LEAH		MIDDLE			NOWN	
17. INFORMANT		ADDRESS		212	209	
XXXXXX RON	WEINBER	kG 240	9 FOF	REST (	REEN	RD.
			11 16	BETWEEN	NIMATE INTE	RVAL
	1					
NOT RELATED TO THE TERM	INAL DISEASE C	DR CONDITI	ON GIVEN	N IN PART 1	la	
WAS PERFORMED	20a AUTOPS	SY? 20	b. IF YES,	WERE FIND	INGS USE	D TH?
	YES -	10	YES		NO [	
21c. HOW INJURY OCCURE 211. LOCATION	ED (ENTER NATUR	RE OF INJURY IN	ITEM IB PAR	TIORPART2)		
STREET		CITY OR TOWN		COUNTY		STATE
30 19 8 -		171	, 15	8/	, that 😰	(we) last
d that in (aur) opinion	death accurred	n the dote	and haur o	and Irom th	e couses st	oted
DEGREE	11/5/4			22c. DAT	ESIGNED	
ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	7/	27/	87
VEVIN PAVE HEAD	REN GER	CIATRI	C 08	NISK	+ 40.	SPITAL
METERY OR CREMATORY	23d LOCATH	ON				51475

061398 JUL 30 8 TATE REGIS REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3 SEX EMALE IN BIRTHPLACE CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 14 FATHER'S NAME FIRST HARRY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) See . 18 CAUSE OF DEATH (Enter only one couse per line far 101, (b), and (c). PART I, DEATH WAS CAUSED BY Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION MA DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING is morked or Nem. 18 OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 22a.1 certify that M (this hospital) attended the deceased from sow the deceased alive an above, (we) (did) (data of) view the vady after death. MPORTANT: If Hem 22b. SIGNATURE 22d PHYSICIAN'S NAME 23a BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be detached th the State Dept

FUNERAL

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BP

SERALDIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

LIVER OR PRINT

23b. DATE

7/28/87

HEBREW YOUNG MEN CEM

MEN CEM BALTIMODE

250 DATE REC'D BY REGISTRAR'S SEGISTRAR'S SIGNATURE

1087

JUL 3 1 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8	1	2	0	2	5	-
	REG. NO.				_	_

Л							REG. N	J.			
		EASED NAME FIRST	N	AIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1	(TYPE	OR PRINT) MATTLDA	MATILDA K.		W	EINER	JULY 19,	1987		10:4	5RM
1	3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H	
	1	FEMALE	WHITE		FEB.	11, DAY 1910 EAR	77	YRS	MONIHS DATS	HOURS . M	AIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY O				
		RYEAND	US		WIDOWE	DIVORCED [	BALTIMORE				MD.
		TY OR TOWN OF DEATH				. 101 (21209)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	ON OF WORKING L	HOMEM	F BUSINESS AKER	OR
p S		AL RESIDENCE (IF NURSING HOME OF				13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COE	DE 30		
7		MARY LAND BALTIMORE YES Y NO				YES NO []	2245 ROGEN	E DR.	APT. 10	01(212	(99)
	MYER KARLINSKY RÖSE						MIDDLE		KABICI	K	
	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRI				
		(IF YES GIV		218-54-2	486A	ARNOLD M. WE	INER 8201 S	PRING		WAY (2	
5	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OI		ENCE OF	NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO X	20b. IF YE	IVEN IN PART 1:0	IGS USED	
7	MEDICAL CER	21d ACCIDENT WAS DURBERTING   DISTANCE OF INJURY   HOUR A.M. MONTH DAY YEAR   P.M. MONTH DAY YEAR   P.M. MONTH DAY YEAR   P.M.   19   21d INJURY OCCURRED   12d PLACE OF INJURY   12d NOTIFY MEDICAL EXAMINER)   21d PLACE OF INJURY   12d NOTIFY MEDICAL EXAMINER   12d NOTIFY MEDICAL   12d NOTIFY MEDICA									
	23a B	BURIAL, CREMATION, REMOVAL		23c N		EMETERY OR CREMATORY MEM. PARK	23d LOCATION CITY OF TOWN RANDALLS				E
			1 '		IN EL						
	60.	UNERAL DIRECTOR SOL ION REISTERSTOWN	EVINSON	G RKOS	( 21	215)	e recid by registrar 24 1987		Davidson.		
	VV.	TO VETSIEKSIOMI	KD. DAI	LIU., MD.	( 41	713)	- + 130/	1	Manney 1.	Consume	-

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

S 101

OR ATTENDING PHYSICIAN: The

06	1087	Jul 1	1-29	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  8 / REG. NO. 2 0 2 5 /							
	by be 3 oge 3 death	P		CEASED NAME FIRST OR PRINT) Gertrude	e S.	1/2	Wells	20. DATE OF DEATH	7 7	23	YEAR 87	2ь ноur 1:03ar
	Poge 4 may director, page		3. SE	emale	A.RACE Negro	S. DATE	OF BIRTH  TH DAY YEAR  12 22 95	6. AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDE	ER I YEAR DAYS	IF UNDER 24 HRS
0	deoth. Po uneral dir hin 72 hou	an 72 hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY United States	/? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Baltimor	COUNT		ATH	N
100	by the fu	34		altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Bon Secours		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	NC	12Ь.	. KIND O DUSTRY	PF BUSINESS O
BALTIMORE, MARYLAND 2120	in 24 hou filled in hould be	d gum je	13a. S	ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland		WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 2524 W. Fay			eet	21223
MARYL	ompletely odd 2 s	exomine		Henry	Brown		15. MOTHER'S MAIDEN NA FIRST  Marsha	WIDDIE			Will	iams
TIMORE	be execu	medico		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 213–28-		Mr. Joseph We	ADDRES ells 4600 N		lk A	ve.	21216
2	physical onpaper emavol.	event, th		PART I. DEATH WAS CAUSE	ly one couse pertine for the line.  B BY:  E CAUSE (m)	de	ion/hal N	whiten.			APPROXI JETWEEN C	IMATE INTERVAL ONSET AND DEATH
201 W. PRESTON ST	of the death  by the attending  se remave carb,  cremation, or a	other traumatic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQ  DUE TO, OR AS A CONSEQ	een	eis Dise	earl				
	equires the signed I	njury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GI	VEN IN I	PART 110	<b>3</b> ·
AL RECOF	an. hos beer t permit.	huo smo	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	DN WAS PERFORMED	200 AUTOPSY?	IN CERTI			OF DEATH?
DIVISION OF VITAL RECORDS,	g physici g physici ertificate riol-transi	Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1111	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)	Second
DIVISION	offer this as the bu	orked or	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	IN /	00	PUNITY	STATE
	ATTENDI sspital or CTOR: A for use	n 21 is m		sow the deceased alive on above, (1) (we) (did) (did no	tal) attended the deceased from 2-2-19.	- 30 /	and that in (my) (our) opinion	death occurred on the dat	te and ha	-		
	2 4 2 9 0	0		22b. SIGNATURE	)		DEGREE			1 22	V. DATE	SEGNED -

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

134 NAME OF CEMETERY OR CREMATORY
ARBUTUS MEM PK

23d LOCATION
BY OR TOWN

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked at Item 18 shaws ony injury, at other traumatic event, the should be detached far use as the buriol-transit permit. Then please remave carbonpaps with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, or remavol

> 24. FUNERAL DIRECTOR Russ 2222 WORTH AUG

060855

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

/ REG. N	10.2	0	3 8-	5	Č
TE OF DEATH	MONTH	DAY	YEAR	2h	HOUR

40	OF REGISTRAR	CENT	TEATE OF BEATT	REG. NO.	. 0 2. 0
	I DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONT	20 110 411
1	Bernard	J. Wenker	r, Sr.	7-	25- 87 1:45 <sup>P</sup> <sub>M</sub>
i	3 SEA	4 RACE 5. DATE		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
	Male	White "1"	± 2°7- 2°3°	64	YRS YRS
5	TO BIRTHPLACE (STATE OF FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY? MARRIE	EDXX NEVER MARRIED DIVORCED	Baltimore city or co	
)	Baltimore	11. NAME OF HOSPITAL, NURSING HOME 3524 Chesterfield	or other institution d Ave. 21213	170 USUAL OCCUPATION  1775 OF WORK FOR MOST OF WOR	IZE KIND OF BUSINESS OR NO LISTRY T.
ad Jan	USUAL RESIDENCE (IF NURSING HOM 130. STATE Md.	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF BALTIMORE	13d INSIDE CITY LIMITS?	3524 Cheste	effield Ave.21213
	Frederick	G. Wenker	IS. MOTHER'S MAIDEN NA/ Anna FIRST	WIDDLE	Dreger LAST
	160. WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN)  W. 100	ARMED FORCES?   166 SOCIAL SECURITY NO. 216-12-7044	Margaret W	enker 3524	Chesterfield Ave
			T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION	DN WAS PERFORMED		FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
Ī	OR CONTRACTOR CALLET OF	DEATH HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN 17	(EM 18 PART   ORPART ?)
	ORCONTRIBUTING CASE OF THE PROPERTY MEDICAL EXAM	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this to sow the deceased alive	Bowie Mo	DEGREE ATTENDING	death occurred on the date of	nd hour and from the causes stated  22c DATE SIGNED
1	br. John	W. Bowie	500 W.Univ	rersity Pkwy	Apt. 1 N
	230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial		cemetery or crematory as of Faith	Balto.	Md STATE
- 1		31 Brehms Lane Baleral Home, Inc. 212	co., Ma.	E REC'D. BY REGISTRAR 256 F	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury,

059054

pletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

must be notified of ance.

FOR

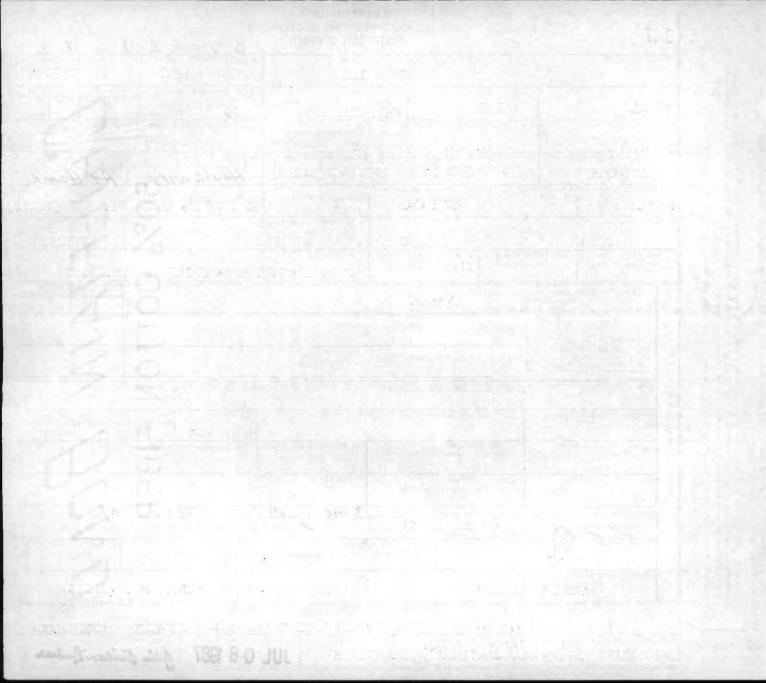
ID DEPARTMENT OF HEALTH AND MENTAL HYGIENE

t	- STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEATH	8 / REG. N	0. 2	0	2	5	9
T	DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY	YEAR	2b. HO	
	REBA		M	VETHE	RILL	JULY 4,1	987			7:1:	5 AM
3	SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER		IF UNDE	R 24 HRS
ı	FEMALE	WHITE		FEB.	29, 1888	99	YRS.		DATS	HOURS	MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY			ATH		
1	LATVIA	11	.S.A.	WIDOW		BALTO	CITY				MD.
t	O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12b		F BUSIN	VESS OR
	BALTIMORE				г. 607(21215)	HOUSEN			47	Hon	nE
V	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU!	NTY	BALTIMOF		13d. INSIDE CITY LIMITS?	3601 FORDS	ZIP COL LANE	PE APT	. 60	)7 (	21215
Ŧ	4 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	1	4	LAST		
P	HARRY	MIDDLE	JACOB	S	BESSIE					VINS	SON
Ī	60 WAS DECEASED EVER IN U.S. AF		166 SOCIAL'SECU	RITY NO.	17. INFORMANT	ADDR	ESS				
1	[YES/OR UNKNOWN] (IF YES, GI	VE WAR OR DATES)	216-34-0	305	LOUIS COLEMA	N 2508 GUII	FORD	AVE.	. 21	218	
F	18 CAUSE OF DEATH (Enter of	1	1 . ( () .	1	LOGIO GOZZIII				APPROXI		ERVAL
ı	PART I. DEATH WAS CAUSI	TE CAUSE (a)	How	,				7			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN E	PART 110		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	'ES, WERE TIFYING C YES []			TH?
	00.00.00.00.00.00	ATH HOUR A.	OF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART ) OR I	PART 2)	1	
I	OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTION CONTRIBUTIO	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR IC	)WN	cou	unty		STATE
	22a.1 certify that (I) (this hasp saw the deceased line or above, (I) (we) (did not have	6 1	20 0	7	3-18 19 80 nd that in (my) (or) apinion of	, to	ate and ho	_, 19 our and fr	/		(we) last tated
	22b. SIGNATURE				DEGREE ATTENDING > PHYSICIAN	X MEDICAL STA	FF CIAN []	220	t. DATE :	SIGNED	
	22d. PHYSICIAN'S NAME (TYPE OF ARTHUR		V		3640 FORDS	S LANE BALT	O., N	4D. (	2121		
1	30. BURIAL, CREMATION, REMOVAL			IAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		COUNT	Ty	MD	STATE
1	BURIAL BURIAL	7/6/8		HE EN	MUNAH AITZ CHA	IM CEM-BAL	<b>TIMOR</b>	E		XXX)	XXX
1	4 FUNERAL DIRECTOR SOL L	EVINSON	& BROS.		25a. DATI	E REC'D. BY REGISTRAR		ISTRAR'S S			
1	3010 REISTERSTOWN	RD. BAI	LTIMORE, 1	MD. (	21215)	0 8 1987	Julia	Danie	dur	Konde	Alle

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the attenditional be detached for use as the burial-transit permit. Then please remove cort with the State Dept of Health and Mental Hygiene prior to burial, cremation, or



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filled in by the funeral director, page 3 aurald be filed within 72 hours after death

FOR 060466

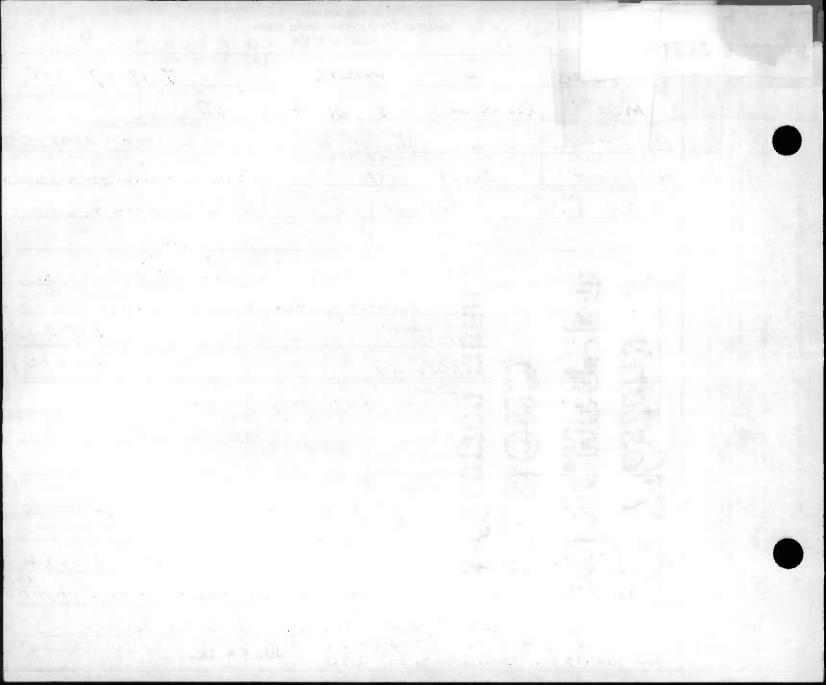
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	()	0	- 2	6
E.	REG. NO.	O	6.00	9

	OT GISTRAR			CEKITI	ICATE OF DEATH	O & REG.	NO.	Gen	~	
T. D	ECEASED NAME FIRST	N	IDDLE	t.	AST	20 DATE OF DEATH	MONTH (	DAY YEAR	2b. HOUR	
(11)	FRANCIS		-	W.	HEELER		7 12	8 87	0743	M
3. S	EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER TYEAR		HRS.
	Male	Caucas	ione	8	21 06	80	YRS.			
7a F	SIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	Maryland	05,		WIDOWE	DIVORCED [	BACT	TION	E	ITY.	MD.
10 (	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION TOF WORKING LIFE	126 KIND	OF BUSINESS	OR
	ALTI MORE		INAI	H051	P -	Retired-B	altimo	ce Cour	ty Sch	100
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES				
	MD.	- LAL	BALTIM	4072	YES 🔀 NO	805 WRI	lingt	on st	2121	1
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM FIRST	WE	O	L	AST	
		unkno					unknowr			
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?								
	No	-	218-01-6	466	Mrs. Kathlee	n Jackson	805 We		ton St.	
	Conditions, if any, which	(b)	3EPS15	NCE OF				/-	5 104	y.
NOI	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  Chr bn	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE PNEUM INTRIBUTING TO E	DEATH BUT	Pul morary	Disease		EN IN PART 1		dy.
TIFICATION	gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE PNEUM INTRIBUTING TO E	DEATH BUT			20b. IF YES	EN IN PART 1	10	
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  Chr bn	CONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI	AS A CONSEQUE PNUM INTRIBUTING TO E 2.3 TOTAL TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	Pul morary	200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FIND YING CAUSE	INGS USED S OF DEATH?	
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  LIVE UP  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DI	DUE TO, OF	AS A CONSEQUE PNUM INTRIBUTING TO E 2.5 LTLLL TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT OPERATIO	NOT RELATED TO THE TERM Pul morany N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FIND YING CAUSE	INGS USED S OF DEATH?	
-53	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI  22o. I certify that fill (this hasp sow the decosed drive o above. [If well didd) (did not obove. [If well didd] (did not obove. [If well did not obove.]	DUE TO, OF  (c)  CONDITIONS CC  19b CONDI  19b CONDI  21b. TIME O  HOUR A./  ER)  21c PLACE ( (AT HOME, STR	AS A CONSEQUE PNUM INTRIBUTING TO E 2.5 LOWEL TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	DEATH BUT  COPERATIO  AY YEAR  19  ARM ETC	Pul mora y N WAS PERFORMED  21c. HOW INJURY OCCURI  211 LOCATION STREET  19 87	200 AUTOPSY?  YES NO CITY OR  CITY OR	208. IF YES IN CERTIF YE SUURY IN ITEM 18 P	WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO STATE	E E
-53	gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE)  WHILE AT WORK AT WORK  22a.1 certify thou (1) (this hose sow the deceased alive or above. (I/(we) (did) (did in 22b. SIGNATURE)	DUE TO, OF  (c)  CONDITIONS CO  196 CONDI  196 CONDI  198 CONDI  216 PLACE (  AT HOME STR  Dital) attended the  attended the control of the condition of the co	AS A CONSEQUE PNUM INTRIBUTING TO E 2.5 LOWEL TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	DEATH BUT  COPERATIO  AY YEAR  19  ARM ETC	NOT RELATED TO THE TERM PUL MUTTAL TO THE TERM PUL MUTTAL TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  19 87  nd that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YES IN CERTIFY YES	WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO STATE	E E
-53	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIET MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify thou fill (this hose sow the deceased alive or above. (If (we) (did) (did in 22b. SIGNATURE)	DUE TO, OF IC)  CONDITIONS CO  196 CONDI  196 CONDI  196 CONDI  197 CONDI  216 PLACE ( AT HOME, STR  Dital) attended the norm of the condition	AS A CONSEQUE PNUM INTRIBUTING TO E 2.5 LOWEL TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	DEATH BUT  COPERATIO  AY YEAR  19  ARM ETC	NOT RELATED TO THE TERM PUL MUNTAGE  21c. HOW INJURY OCCURI  21l. LOCATION STREET  21l. LOCATION STREET  Ad that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY? YES NO CITY OR CITY OR MEDICAL S'	20b. IF YES IN CERTIF YES	COUNTY  19 37  r and from th	INGS USED S OF DEATH? NO STATI	1) lost d

DHMH - 16 60M 7/84 (VRA 15, 4)

<sup>24</sup> FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 8728 Liberty Rd. Randallstown, MD 21133



filled in by the funeral director, page 3 auld be filed within 72 hours after death

# STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	8

- STATE REGISTRAR			DEPARTN		ICATE OF D	MENTAL HYG DEATH	F.1	G. NO.	0 2 6	
L DECEASED NAME	FIRST	A	NIDDLE	i.	AST		20. DATE OF DEA	HTMOM HT	DAY STEAR	26 HOUR
	CHARL	OTTE	E.	W	HEELEY		19	7	15 87	877 N
3. SEX		4 RACE		5. DATE C		WEAD	6. AGE IN YEARS	AST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
FEMALE		WHIT	Ξ	M9NI-	30	02 -	84	YRS		NOONS ACIN.
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	AABBIED [	9 BALTIMORE C	—		7//
Maryland		U.S.	A.	WIDOWE		VORCED	Bai	Himor.	e City	MD
Baltim	PORE		OSPITAL, NURSIN	ACCORESS)	1	tome	120 USUAL OCC 17YPE OF WORK FOR HOMEMAK	MOST OF WORKING		OF BUSINESS OR
SUAL RESIDENCE IN N 130. STATE Maryland	136 COI		GIVE RESIDENCE BEFORE 13c CITY OR TOWI Halethor	N	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDI 1802 Pa			27
John		MIDDLE ]	Hauenstei	n		maiden na first Marie		DDIE	McDor	
1YES, NO C HOWN		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	1	ADDRESS		
NO	III 163, G	THE WAR OR DAILES	212-01-3	563	Leste	E. Wh	eeley 18	02 Palo	Circle	21227
18 CAUSE OF DE PART I. DEATH	WAS CAUS		line for (0), (by, one Cavalo		spirat	ony A	most.	Fa	APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
		DUE TO, OI	AS A CONSEQUE	NCE OF	/	/				
Canditions, if a		( (b)_					- 19 15-17			
	immediate ating the use last.	DUE TO, OF	AS A CONSEQUE	NCE OF						

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 220 1 certify that (1) (This hospital) attended the deceased from June 

22b. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

22e ADDRESS 22d, PHYSICIAN'S NAM

300

DIRECTOR PHYSICIAN

John 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore Maryland Burial 7/18/87 Loudon Park Cemetery

24 FUNERAL DIRECTOR Funeral Home, Inc. 4707 Wilkens Ave. 250 DATE RECIDITY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate shauld be detached with the State Dept. BP.

haspital

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

far use as the burial-transfer of Health and Mental Hyair

marked or Item

MPORTANT

CERTIFICATION

MEDICAL

JUL 13 1887

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SGL CONTRACT TOOL TO JUL

MPORTANT, If nem-2) is marked as

DHMH - 16 60M 7/84

(VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 6	REGISTRAR				CERTIF	ICATE OF DEATH	87	REG. NO	020	63	
	PECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DE	ATH MONIH	DAY YEAR	26 HOUR	
		GERA	LD	LEE	W	HITE	JUL	Y 29,	1987	3:50M	
3. 9	Male		4. RACE Whit	;e	5. DATE O	0F BIRTH 16/1924 YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA		
70	BIRTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE	CITY OR COU	NTY OF DEATH		
	S. Carolin		USA		WIDOW	DIVORCED		IMORE		MD	
1	BALTIMOR	E	THE	JOHNS STREET	OPKII	OR OTHER INSTITUTION  NS HOSPITAL	Werch	MOST, OF WORKIN		OF BUSINESS OR	
130	ual residence (if Ni State Mary land	. 13b. COUN		GNE RESIDENCE BEFORE 14. CHY OR TOW Baltimo	ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADD	RESS / ZIP C	OSCO AV	e.Balto	
14.	father's name Fore	est	MIDDLE	White	9	15. MOTHER'S MAIDEN NAV		IDDLE	Gardne'	ași	
160	WAS DECEASED EVI IYES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	249-22-		Evelyn M.W		ADDRESS Same a	as abov	е	
1	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b), an	d <sub>i</sub> (c).)		_		APPRO	XIMATE INTERVAL N ONSET AND DEATH	
V	PARI I. DEATH		E CAUSE (a)	'Car	dia	L arres	1		E.M.	2 mins	
1	Conditions, if a	ny, which	DUE TO, O	R AS A CONSEQUE	PIY	itory a	rest		2 mi		
	gave rise to i cause (a), sta underlying cau	ing the	DUE TO, O	R AS A CONSEQUI	ENCE OF	10h 08 1	vom.	7	15	Minute	
NON		GNIFICANT O	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PART	lo.	
CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		F YES, WERE FIND ERTIFYING CAUSE YES [		
100			110110	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY M	EDICAL EXAMINER	) P.	M.	19						
MED	MHILE NOI	WHILE WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	0	TY OR TOWN	COUNTY	STATE	
	22a. I certify that saw the dece obove. (1) (we	ased olive on		18 + 19	1/	nd that in (my) (aur) apinion of	death accurred ar	the date and	19 have and from th	, that (1) (we) last e causes stated	
1	22b. SIGNATURE	M	7 %	4	1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	12	E SIGNED 129/87	
	224 PHYSICIAN'S	NAME (TYPE O	-	nes	)	22e. ADDRESS Johns H	lopkin	5 ()	niver.	5102	
230	BURIAL, CREMATION (SPECIFY)	N, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY N Meth, Churc	234 LOCATIO		shijow	Co.Satt. C	
	FUNERAL DIRECTOR MCCW1 Ly		237 E. al Hom	Patapsc	o Ave	45 5	E REC'D. BY REGI		GISTRAR'S SIGNA	TURE	

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AUG 4

E 3.5 0 2 - 7 9 - MITTING

### STATE OF MARYLAND

WILLIAM	OL L	TEMLIT	MIND	MEHINE	HIL
CEI	RTIF	CATE	OF	DEATH	6

6 1 5 7 9 AUG-44	FOR TATE	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 / NO.22 O	2 6 4
11.0	ECE ASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
ad you	· HAROL		WHITE	7/26/07	320 M
	EX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Poge 4	BIRTHPLACE (STATE OR FOREIGN	BLBCA 76 CITIZEN OF WHAT COUNT	2 12 1917	9 BALTIMORE CITY OF COUNTY	OF DEATH
funerol of thin 72 hi	COUNTRY) S . C	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		erry MD.
of the offer	CITY OR TOWN OF DEATH	(# NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION REET ADDRESS!	126 USUAL OCCUPATION TYPES OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
E e e USI	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	OTHER INSTITUTION GIVE LESIDENCE B	EFORE ADMISSION)	13e.STREET ADDRESS / ZIP COD	
Mry Letely d 2 sh	FATHER'S NAME Alhert	MIDDLE WAS	15. MOTHER'S MAIDEN N Magaze,	AME	Canuus
+ 0	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GI	MED FORCES? 166 SOCIALS	6 73/6 W. WOODS.	ADDRESS 320 GRANTLEY 17	BALT 402/224
201 W. PRESTON ST., BAI es that the death certificate hed by the attending physici please remove carbonopage ural, cremotion, or removal. , or other traumatic event, th	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE  (b) definite  DUE TO, OR AS A CONSE  (c) Russilos	QUENCE OF		
y. Y.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	/EN IN PART 110
A: The low requires system.  Yestron.  Order hos been signored to perform to the system. There has been signored by the system on yillow.  Estimate the system of the syst	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4 5 3 5 4 6 7 7	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
VISIG	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET FACTORY, OFF	PICE, FARM ETC.)  216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN intending pritol or o 2TOR: After for use os of Heolth 21 is morth		ital) attended the deceased from 7/2-Cat) view the body after death.	12:1	on death occurred on the date and has	19
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.	226 SIGNATURE  22d PHYSICIAN'S NAME (TYPE)	140	DEGREE ATTENDING PHYSICIAN 220 ADDRESS		220. DATE SIGNED 7/26/57
O HOSPITAL TO FUNERAL Should be det with the Store MPORTANT:	PETER	CHENG	14711 VALIE	INT TONA BURTON	SVILLE MOZOSGI
130	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial	1/31/0/	Baltimore Cemetery	Baltimore	TRAP'S SIGNIATURE Md

Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West 4300 Wabash

058990

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGENO.	U	Great	Q	

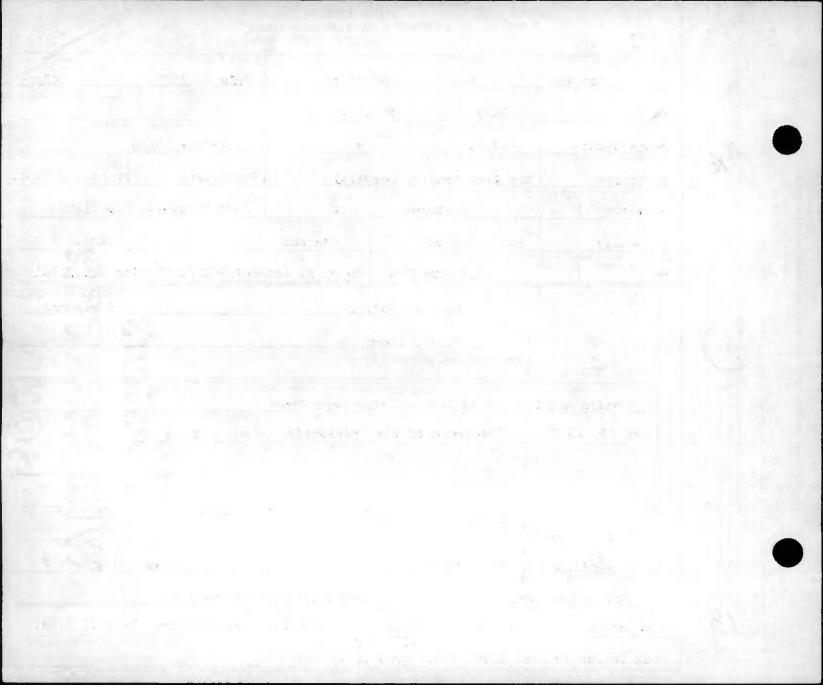
REGISTRAR		CERTI	ICAIL OI DEATH	REGEN	0.		
DECEASED NAME	RST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
Dorot	hy	K. Wh:	iteford	July 5, 1	987		6:45p
SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY] IF U	UNDER TYEAR	IF UNDER 24 HRS
Female	Whit	e Fel	b. 18, 1910	77	YRS		HOURS MIN
BIRTHPLACE (STATE OR FORE)	GN 75 CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Pennsylvania	U.S.	A. WIDOW		Baltimor	e City		MI
O. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND O	OF BUSINESS OR
Baltimore	Maryla	nd General Hos	spital	Supervisor			ion Dep
JSUAL RESIDENCE (IF NURSING) 30 STATE 13b  Maryland	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE ADMISSION  13c CITY OR TOWN  Baltimore	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 2804 Ches	volde R	kd. 21	209
L FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	51
Wesley	н.	Kelley	Martha			Unkno	wn
WAS DECEASED EVER IN U	J.S. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE		113	
No		216-28-5684	Henry F. Stic	cke1-100 S.	Charle		
18 CAUSE OF DEATH	nter only one couse per	line for (a), (b), and ic				BETWEEN	ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Cardiac Fa.	ilure			5 mi	nutes
7	ory Failure			200 AUTOPŠY?	20b. 4F YES, WIN CERTIFYIN	VERE FINDIN	NGS USED
71g ACCIDENT WAS UNDERLY			21c HOW INJURY OCCURR	YES NO.		T OR PART 2)	NO [
OR CONTRIBUTION CAUSE	E OF DEATH HOUR A.	M. MONTH DAY YEAR	3				
(IF EITHER NOTIFY MEDICALE  214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	M. 19 OF INJURY REET FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
220.1 certify that (I) (the saw the deceased a abave, or (we) (did)	s hospital) attended the live on July 1		17, 19 87 and that in (My) (our) opinion d	, to <u>July 5</u> leath occurred on the di	. 17.	nd from the	
22b. SIGNATURE	and lan	e mo		MEDICAL STAI		22c DATE	SIGNED
22d PHYSICIAN'S NAME  Dr. Howa	rd Kane		Maryland Gene		al		
30. BURIAL, CREMATION, REAL SPECIFY) Entombment			CEMETERY OR CREMATORY	n Pikesvil	1	OUNTY	Md.
	7-9-		Ridge Mausoleum			ilto.,	
FUNERAL DIRECTOR			York Rd. 250 DATE		25b REGISTRA	R'S SIGNAT	TURE
Ruck Towson I	Tuneral Hom	e, Inc., Towso	n,Md.21204	1.0 1000		******	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed is should be detached for use as the burial-transit permit. Then pleating with the State Dept. of Health and Mental Hygiene prior to burial.

retained by the haspital ar attending physician.

APORTANT: If Hem 21 is marked or Hem 18 shaws any



CHO DO O WILL	1-	FOR STATE		DEPART		EALTH AND MENTAL HYG	ENE	0 2	6 6	
0.0056 00		DECICTOAD	der White	nev Sr.	CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH / DAY	4 YEAS / 2b.	HOUR
nay be page 3	(TYPE	ALEXA!	UDER			ITNEY SR.	7	7/4/8	7 6	:47 Am
	3. SEX	(	4 RACE		5 DATE (		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
ige 4 ors of		M Male	W	White		MBER 7,1902	84	YRS		URS MIN.
a bod a	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	P B MARRIE	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	FDEATH	
in 72	4	Vew York	U	.S.A.	WIDOWE		Baltimore	City		MD.
24 # # B	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KIND OF BU	ISINESSOR
2 2		Baltimore	St. A	gnes Hosi	oital		Electrical E	ngineer	Westingho	ruse
d in be	13a S	TATE 136 CO	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212 ING PHYSICIAN: The law requires that the contribute be executed within 24 hour rattending physician and completely filled in the third-transit permit. Then physician properts. Pages 1 and 2 should be fith and Mental Hygiene prior to buried completely filled in the and Mental Hygiene prior to buried control from the medical fixamine must be acked or them 18 shows any injury, or other transmitting went, the medical fixamine must be		. 1/	ltimore	CATONS		YES NO X	711 MAII		ICE LANE	21228
this 2 sh	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE			
AM b ald mox 30	)	EDDY	R.	WHITNE	Y	MAY	WIDDLE		PEASE	
d co		VAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI		0177747 53 5	2015
Mose exec		(IF YES	GIVE WAR OR DATES)	179-01-	6202	ALEXANDER W		O MEADO	OWVALE F	
cian e be						I MEDICINED IN	F.1.1	المالياليا	APPROXIMATE BETWEEN ONSE	
, B.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY.	A 4-		MADALAMII 1	W00217		BETWEEN ONSE	AND DEATH
ST.		IMME	DIATE CAUSE (0)	CAIRVIC	7 701	MONARY 1	IKNC4 !			
No the the			DUE TO, O	RAS A CONSEQU	JENCE OF	: 0				
Se in the second		Conditions, if any, which		PNEU	NON	117				
W. PRESTON		couse (o), stoting the	DUE TO, O	R AS A CONSEQU	JENCE OF					
or of		underlying couse last	( (c)							
ires ponet buri				ONTRIBUTING TO		NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
RDS equ equ The r to inju	O	INFLAM	MATORY	1 BOW	EL	DIS EASE				
Dw r	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS	
he he hos hos hos hos hos hos hos one	TIE						YES NOTE	YES [		10 🗌
VII y y sicing to the sign of	CER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
SICIAN: T ng physics certificate oriol-trons tentol Hyg		OR CONTRIBUTING CAUSE O			DAY YEAR					
HYSK ding ding his ce buris Aen ar lite	MEDICAL	21d INJURY OCCURRED		.M. OF INJURY	19	211 LOCATION				
/ISIC	ME	WHILE   NOT WHILE		REET FACTORY OFFICE	FARM, ETC )	STREET	CITY OF TO	IWN	COUNTY	STATE
Afte Afte		22a.1 certify that M (this h	are tall attached th	a decembed from	TDATE	29 10 87	10 JULY	Z 10	* 3	(It (we) lost
I Hee		sow the deceased alive	JULY	4 10	27	nd that in (my) (our) opinion o		ote and hour o		
ATT ATT DSPIN		obove, (I) (we) (did) (di	d not) view the body	ofter death.				ore one noor o		
OR DER		22b. SIGNATURE	26	5		DEGREE	MEDICAL STA	e e	220 DATE SIG	NED
At A		CX-	1200		KES	DENTATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌		
HOSPIT ned by FUNER Jid be of the Sit		224 PHYSICIAN'S NAME (T				22e ADDRESS	- // 6-	-41		
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the Stote with the Stote	Δ.	BOON	P. LIN	1		ST. AGNE	2 HOSPI	TAC	,Baltin	nore, Md
OT OT WAY	23a E	BURIAL, CREMATION, REMO	VAL 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
DD		SPECIFY)	7/7/			Park Cometers	Polt in		YTHUOS	STATE

74 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228

Leroy M. & Russell C. Witzke Funeral Home

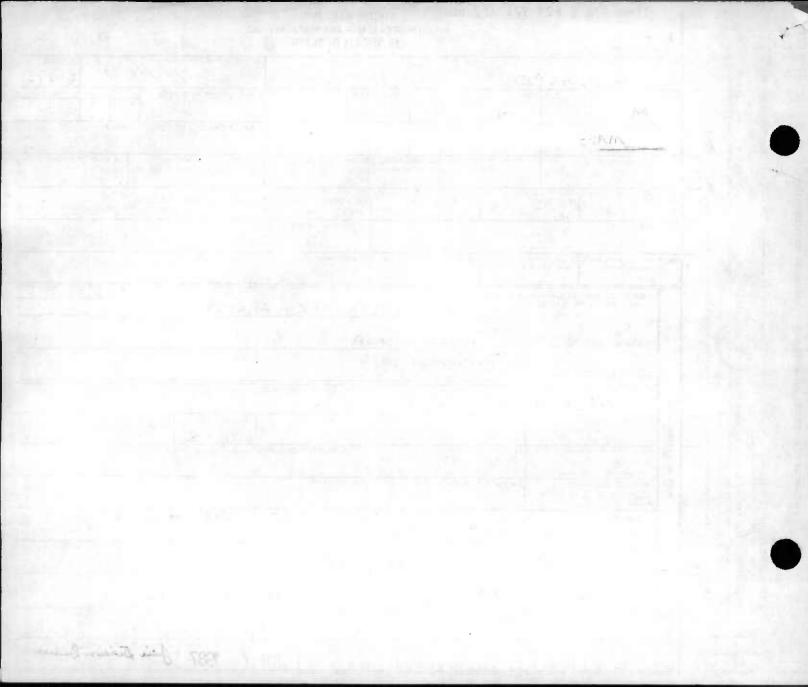
DHMH - 16 60M 7/84

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #7a G 629 7/10/87 cw



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter retained by the haspital or attending physician.

0588

death. Page 4 may be

00

rending physician and completely filled in by the funeral director, page 3 acceptoners. Pages 1 and 2 should be filed within 72 hours ofter death

medical examine

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other tro TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remainth the State Dept. of Health and Mental Hygiene prior to burial, cremainth the State Dept. of Health and Mental Hygiene

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	0	2.	6	1

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG.	No.	0	
1 DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
CAF	RL.	WHITTED		07 02	87	3:55P M
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
MALE	BLACK	9/18/28	58	YRS		Mint.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIEDS NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
DURHAM, N.C.	U.S.A.	WIDOWED DIVORCE		ECITY		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTIO	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		126. KIND OF	BUSINESS OR
TOWSON .	6701 N. CHAF	OTDILLICI	BALTO.			EATION
USUAL RESIDENCE HE NURSING HON			0000		r ave	. 2122
14. FATHER'S NAME FIRST	MIDOLE IA	15 MOTHER'S MAID	ENNAME			
	HITTED		REY DIXION			52-10
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	L SECURITY NO. 17. INFORMANT	ADD	RESS		
		10-2709 BARBARA	WHITTED 20	06NORTH		AVE.
Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A CON		IE TERMINAL DISEASE OR CO	INDITION GIVEN	IN PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONT	H DAY YEAR 19	OCCURRED (ENTER NATURE OF IN	IJURY IN ITEM 18 PART I	OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY,		CITY OR		COUNTY	STATE
30 W THE DECEASED ONVE	d nat) view the body after death	DECREE	87 , to 7/02 aprinian death occurred an the	date and haur an		
22d. PHYSICIAN'S NAME (T	Verlaner	M. PHYSK		SICIAN A	112	18/
DR. JOHN C.			, 6701 N. CHAI	RLES STRE	EET,21	204
23a BURIAL, CREMATION, REMOV	VAL 23b. DATE	230 NAME OF CEMETERY OR CREMA	TORY 234 LOCATION		OHNTY	STATE
RIIRTAT.	7/7/87	GARRISON FOREST	C · OWINGS	MILL.	MARY	LAND

DHMH - 16 60M 7/84

BP.

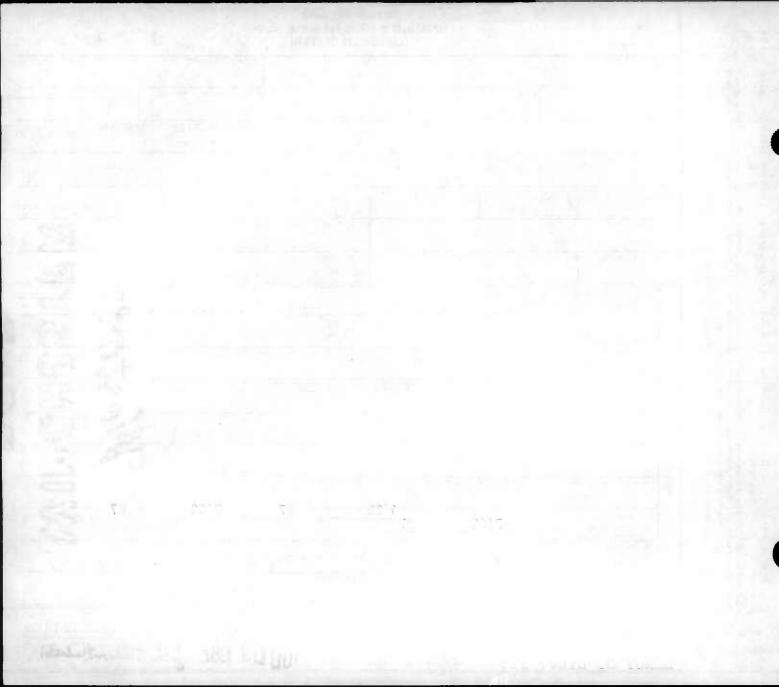
(VRA 15, 4)

LEROY DYETT 0.

24 FUNERAL DIRECTOR

4500 LIBERTY HEIGHTS

250. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



058676 JUL

deoth. Poge 4 may be

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 house other death

CT	ATE	O.E.	AS A D	YLAND	ú
31	MIL	Ur	man	LLAND	١

		SIA	IL UP	MAKII	AND	
P	ARTMENT	OF	HEAL	TH AND	MENTAL	HYGIEN
	-	DTI	ELC A	TE OF	DEATH	- 29

	- STATE		EALTH AND MENTAL HYG	IENE	1 12 3 6	· ·			
	REGISTRAR	CERTIF	FICATE OF DEATH	8 / REG. NO	2 0 2 0				
	1. DECEASED NAME FIRST	A A	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26	HOUR			
	(TYPE OR PRINT) HARR			C	70387	10 am			
	3. SEX Mala	4. RACE S. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER 24 HRS			
	/ / Male	White 08	3 07 05	81	YRS.				
7	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TT (7 7)	D NEVER MARRIED	9 BALTIMORE CITY OF					
4	Germany  II CITY OR TOWN OF DEATH	U.S.A. WIDOWE		120 USUAL OCCUPATION	NOTE CITY	MD.			
	Bal to	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	Makers &			
-	LIMITAL RESIDENCE (IF NURSING HOME O	Formai 3 Scott Key ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	fled Gr	Cabinet Mak	er. Cabine	t Joiners			
0	13a STATE 13b COU	NTY 13c. CITY OR TOWN		13e.STREET ADDRESS /					
1	Maryland Bal	timore   Dundalk	YES NO X		Terr./21222				
-	FIRST	MIDDLE LAST	FIRST	MIDDLE	Pagingle				
-	Paul  160. WAS DECEASED EVER IN U.S. AF	Wianke RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	Baginsk	<u> </u>			
2		ve war or dates) 216-63-1600	Harry G. Wian		ne as 13e.)				
7	18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), and (c).)	1	3	APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH			
	PART I. DEATH WAS CAUSI	TE CAUSE (a) CARDIO PO	smonary F	trest					
		DUE TO, OR AS A CONSEQUENCE OF							
١	Conditions, if ony, which gave rise to immediate	(b) 1000000000000000000000000000000000000	COCOL T						
H	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF							
		(c)							
		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ORTION GIVEN IN PART Ita				
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	USED			
	T I I			YES NO	IN CERTIFYING CAUSES OF YES	DEATH?			
	210. ACCIDENT WAS UNDERLYING	THE PARTY NAMED IN COLUMN TO A PARTY NAMED IN CO	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)				
1	OR CONTRIBUTING CAUSE OF DE	NIH.							
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TO	NN COUNTY	STATE			
	WHILE NOT WHILE AT WORK	CONTROL OF THE CONTROL FARM, ETC.)		21.					
		oitol) ottended the deceosed from	120 1987			t (l) (we) last			
W		view the bady after death.	nd that in (my) (our) opinion o	death occurred an the da					
	22b. SIGNATURE	7111	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIG	NED			
÷	7. 19	Male MI	> PHYSICIAN	DIRECTOR PHYSIC		187			
ı	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	11 16	1-101-				
g i i	1 0								
	1 FRANCIS	17 - 1 AHOO	MANUS SCE	ott weig	ried Ur				
100	230 BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	MOSCOUNTY TO	STATE			
1			e Pk. Cem.	Baltimore	e, Maryland				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTEN

BP.

TO FUNERAL DIRECTOR: Are: this certificate in thould be detached for use of the build-formula with the Stote Dept. of Health and Mental thygies with the Stote Dept. of Health and Mental thygies MPORTANT: Ill them 21 is marked or from 18 shown

C. BEDABLE IN THE SECOND HOWANG COMP and framework the first of the former

MIDOLE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE and that in (my) (our) opinion death occurred on the late and hour and from the causes stated DIRECTOR PHYSICIAN, COUNTY 24. FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a. DATE OF DEATH

MONTH

LAST

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BOARD OF EDUGA

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

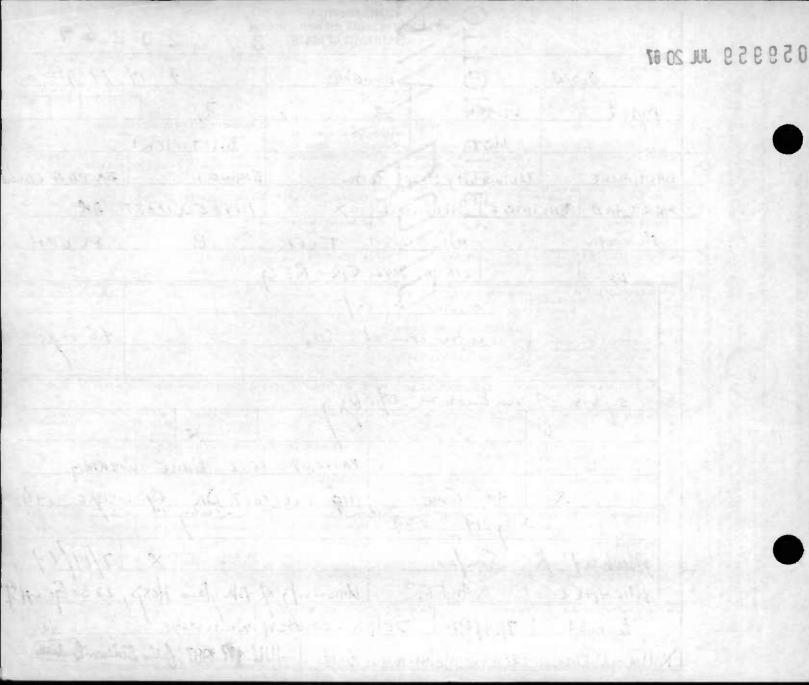
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

- STATE

REGISTRAR THE SED NAME

FIRST



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morked or Item 18 shaws any

MPORTANT: If them 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

23a

1458

STATE REGISTRAR

DECEASED NAME

MALE

COUNTRY

TO BIRTHPLACE (STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

BALTIMORE

(TYPE OR PRINT)

3. SEX

FIRST

RANDON

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

	STATE	OF MARYL	AND
EDADTMEN	TOPHE	ALTH AND	MENT

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

OF MARYLAND

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

05

MIDDLE

BLACK.

USA

76 CITIZEN OF WHAT COUNTRY?

UNIVERSITY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

WILDER.

MARRIED NEVER MARRIED

VEAR Q 5

DIVORCED

20. DATE OF DEATH

2 425

6. AGE (IN YEARS LAST BIRTHDAY)

12a. USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE)

YEAR

IF UNDER I YEAR

INDUSTRY

5 8

0

2 Mon yRS

9. BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

NA.

IF UNDER 24 HRS

AID.

13a.		136 COUNTY		13c. CITY OF	NWOT	1 13d. INSIDE	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	0-10	Hal
	MARYLAND	2		BALT	INORE	YES 🔀	NO 🗌		DA DA	RTMO	HTU	RD.
14. F	ATHER'S NAME	MIDE	215			15. MOTHE	R'S MAIDEN NA	ME				
	SCOTT		JIE	\All	DER	0	AULA		WIDDIE		SANG	100
lán V	WAS DECEASED EVER		D FORCES?		SECURITY NO.	17 INFORM			ADDRE		3/1/94	-61-7
	YES, NO OR UNKNOWN)	(IF YES GIVE WA			2-0942			010 5				- ( )
	No			219-0	10942	Paula	Sander	813 D	artmou	ith Rd.	Apt.	C (12)
	18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (o), (	b), and (c),)						RETWEEN	MATE INTERVAL
					10 - RE	LPIE!	TORY	14	2RES	T		
		IMMEDIATE C	AUSE (0)	CHIVE	10	-111-1	1	711	41-07	1.		
					SEQUENCE OF							
	Conditions, if any,		(b) (	OMPL	Ex Con	GENI	TAL	HEAR	TF	SEASI	1	
	gove rise to imm couse (a), statin		DUE TO O	RASACON	SEQUENCE OF							
	underlying couse	last.	1-1		32002							
	PART 2 OTHER SIGN	LIEIC ANIT CON	IDITIONS CO	NITRIDITINI	C TO DEATH BUT	NOT DELATE	D TO THE TERM	INIAL DISEAS	E OR CONE	NITION CREE	LINI DADT 1	
N	PART 2 OTTER SIGN	AILICAIAL COL		DIVIKIBUTIAN	3 TO DEATH BUT	NOT KELATE	ED TO THE TERM	INAL DISEAS	E OR CONL	DITION GIVER	N IN PART III	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FO			TION FOR W	ON FOR WHICH OPERATION WAS PERFORMED			20g AUTO	OPSY?	20h IF YES	WERE FINDIN	JCS LISED
FIC						NA WASTERI	OKMED	200 701	0131.		NG CAUSES	
RT								YES 🗌	NO	YES		NO 🗌
Ü	210. ACCIDENT WAS UND		21b. TIME O		H DAY YEAR	21c. HOW	INJURY OCCURE	RED (ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
AL	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		P.		19		-					
MEDICAL	21d INJURY OCCURR		21e. PLACE			21f. LOCAT	ION					
ME	WHILE NOT WH	A/4 D BILL	(AT HOME, STR	EET, FACTORY, O	FFICE, FARM, ETC )	STRE	ET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WOR	CK.				1						
	220.1 certify that (1)					7	19 07	, to	7/2	5 , 19		that (I) (we) last
	sow the decease above, (I) (we) (d	ed olive on	ew the Hody	ofter death	19 87,0	nd that in (m	y) (our) opinion (	death occurre	ed on the do	ite and hour o	and from the	causes stated
	226. SIGNATURE	Α.		1		DEGREE					22c. DATE	SIGNED
	Kajar	1	an	d.			ATTENDING	MEDICAL	STAF	F to	7	26/07
	22d PHYSICIAN'S NA	- '	NITO			22e ADDRE	PHYSICIAN [		☐ PHYSIC		1//	2181
				1,1		25.	LIREEN	JE ST	. UN	IVERS	174 0	T MD.
	RAJA	71	ANA	V b.		100.	HOSF	PITAL	NAR	YLLNI	j.	
	BURIAL, CREMATION,	REMOVAL 2	3b. DATE		23c NAME OF C	EMETERY OF		23d. LOC.	ATION			
	Burial		7/28	/87	Cedar	Hill	Cem.	Bro	ooklyr	A.A	COUNTY	Md. STATE
24 F	UNERAL DIRECTOR		-				25a DATI			25b. REGISTRA		
	Chas . A. Ric	e FSP	A 130	0 Eute	W Place			31 10	87	ulia Das	ridorn. Pa	ndalls

NO. OF THE PARTY O		
to igniut morning St		

JUL81

060424

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JUL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	.2 (	) 2	/
	CEASED NAME FIRST	WIDDLE	L	AST	DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
,,,,,,	Ruie		Wilk	cins		7 19	1987	
3. SE	X	4 RACE	S. DATE C		AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	male	black	6	7 1900	87	YRS	DATE OF THE PROPERTY OF THE PR	THOUSE MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	NEVER MARRIED	BALTIMORE CITY O	COUNTY	OF DEATH	
	N.C.	USA	WIDOWE		Baltimo	re ci	ty	M
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		PROTHER INSTITUTION	20 USUAL OCCUPATION			F BUSINESS OF
_	ltimore	Liberty		Center	Retired			
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c CITY	DR TOWN	13d. INSIDE CITY LIMITS?	3e.STREET ADDRESS /	ZIP CODE	Avenue	21216
14. FA	THER'S NAME	1541	711101 C	15 MOTHER'S MAIDEN NAM		TOOK	717 01100	61210
	Ephram	MIDDLE Will	kins	Della	MIDDLE		Wilks	ins
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	WITK	1115
(	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 216	5-05-2671	Leroy Wilkin	s 3907	Mond	awmin /	Avenue
	18. CAUSE OF DEATH (Enter o	nly one cause per line for a	, (b), ond ic					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSI	EĎ BY. TE CAUSE (o)	cuts /	MUOCADDIAL	INFAR	et		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTI	A S	NOT RELATED TO THE TERMIN	JAI DISEASE OR CONF	DITION GIVE	FN IN PART 1	0
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR		100000000000000000000000000000000000000	200 AUTOPSY?	20b. IF YES,	, WERE FINDIN	NGS USED
RTIF					YES NO	YES		NO 🗌
AL CE	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE		ITH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT ( OR PART 2)	
EDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OF LOV	WN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK	(ATTIONE, STREET FRETORI	, OFFICE, FARM, ETC.)	N C9			4.0	
	220.1 certify that (1) (this hosp		from	PPUL 14, 19	to yacy	1	19 60	that (1: (we) los
	sow the deceased alive or above (N) (we) (did) (did no	ot) view the body ofter deat	19 84 or	id that in (my) (our) opinion de	oth occurred on the do	te and hour	and from the	couses stated
	226. SIGNATURE	0 11. 1.		DEGREE			22c. DATE	SIGNED
	blethe	W M Lea	Mun	ATTENDING PHYSICIAN	MEDICAL STAF			
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		1		
	MICHARD	W Hew	cus I	, Yanda Yellin				
	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	614.00
	Burial	7/23/87	Western	Star Cemetery	Catonsvi	le	COUNTY	Md
24. FU	INERAL DIRECTOR			250 DATE	REC'D BY REGISTRAR	25h REGISTE	PAR'S SIGNAT	LIRE

Wm. Narch F/H West 4300 Wabash Avenue

Julia Divideon Randales

JUL 22

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior

IMPORTANT. If Hem 21 is morked or Hem 18 show

TO HOSPITAL OR ATTENDING PHYSICIAN: The

ACUTS MYOCAPOING INFARET

## STATE OF MARYLAND

	1	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO. 2	272
JUL :	E TOPE	PIRST PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
	100	BABY	BOY	WILLIAMS	JULY 2, 1987	12:30
	3. SE	X MALE	4. RÉLACK	5. DATE OF BIRTH 07-02-87		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. 30
24		IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	75. CITIZEN OF WHAT COUNTS U.S.A		BALTIMORE CITY OF COUNTY	
		BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STA THE JOHNS H	ISING HOME OR OTHER INSTITUTION REET ADDRESS) OPKINS HOSPITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OF
35	130	AL RESIDENCE (IF NURSING HON STATE TABLE TABLE)	DUNTY 131, CITY OR INSTITUTION, GIVE RESIDENCE BE BALTI		130.STREET ADDRESS / ZIP CODE 120 N. COLLING	TON. 21231
	14. F.	ATHER'S NAME EARL	PARKER	15. MOTHER'S MAIDEN N VERONICA		VILLIAMS
	16a.	WAS DECEASED EVER IN U.S			ADDRESS	TILL
1		YES NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES!	VERONICA W	ILLIAMS (SAME)	
		PART I. DEATH WAS CA	DIATE CAUSE (6) 10900	brity, Non-Nobb	L Fets	BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC		MIN AL DISEASE OR CONDITION GIVE	N IN PART 1(g)
	CERTIFICATION	19g. DATE OF OPERATION		ICH OPERATION WAS PERFORMED		WERE FINDINGS USED
	FFC	, and the second second				ING CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH	DAY YEAR  19	RRED (ENTER NATURE OF INJURY IN ITEM TB. PA	RT 1 OR PART 2)
- 1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive	ospital attended the deceased fro	m Tury 2 19 5	to July Z,	9_84_, that (I) (we) la and from the causes stated
T 16 H		22b. SIGNATURE ALC Ha	mol has	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 7/2/87
1		Ada Hav		Johns Hoplen	1. 1. 1 mal 11	If St. Balto M
ξ		BURIAL, CREMATION, REMO	VAL 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		PEMATION	7/2/07	TOUNG HODETNE HO		21205 MA

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

1111 29 1987 Julia Devian Per

ADDRESS

Julia Divideon Rudase

STATE OF MARYLAND

DEPARTMENT OF HEAD CERTIFIC.

LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	•	٩	7	2
Williams IAMS	20 DATE OF DEATH MONTH?	DAY 12	YEAS'	% но 1:40	J.R.
BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
02 38	49 YRS	MONTHS	DATS	HOURS	MIN.
NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		MD.
OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L LPN	FE) IND	USTRY	f BUSINI	
d Inside City Limits?	13e STREET ADDRESS / ZIP COD 244 Mallow F	ill	21 . Ro	.229 ad	
MOTHER'S MAIDEN NAM	ME	773	• EAS		1

٠.		OR PRINT) ALEX		RIGHT		LIAMS	1141110	76 DATE OF DEATH	7	12	1:40 p
		Male MALE	4. RACECau	casian	5. DATE O	F BIRTH	<b>'5</b> 8	6 AGE LIN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
10	7a Bil	RTHPLACE (STATE OR FOREIGN N. C.	US		WIDOWE		VORCED [	Baltimore City		Y OF DEATH	ME
10	E	altimore	ST A	HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INS	TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST		Nurs	
36	13o. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	OTHER INSTITUTION,	elve residence before 136. CITY OR TOW Balti	N I	13d INSIDE C	NO 🗌		ZIP COD	Hill Ro	1229 Dad
0		THER'S NAME LEX	MIDDLE	Willia	ms	Mar Mar	S MAIDEN NA/ FIRST	A .		Fair	cloth
1		VAS DECEASED EVER IN U.S. AR VES, 100 OR UNKNOWN) (15 YES, GIV YES KOT	MED FORCES? (E WAR OR DATES) (EAN)	237-56		17 INFORMA		thia M. W			ame as
		Conditions, if ony, which	TE CAUSE (a).  DUE TO, OF	AS A CONSEQUE	pul	ham	Jan apin	est		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	NO	gave rise to immediate couse iot, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c) N	RAS A CONSEQUE NOTE: THE DISTRIBUTING TO I	tui	Tolenia NOT RELATED	CA TO THE TERM	INAL DISEASE OR COM		IVEN IN PART 1:	a
2	CERTIFICATION	190 DATE OF OPERATION	nets	TION FOR WHICH	WITH	Small !	Jene of	YES NO	IN CERT	ES, WERE FINDII IFYING CAUSES 'ES []	
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  216 INJURY OCCURRED	HOUR A.	M. MONTH DA	AY YEAR 19	216 HOW IN		RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)	
	ME	WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY, OFFICE F	ARM, ETC )	STREET		CITY OR TO	OWN	COUNTY	STATE
		22a. I certify that (I) (this hasp sow the deceased olive ar abave, (I) (we) (did) (did no	11	219	-		(our) opinian	death accurred an the c	lote and ha	ivi and fram the	
		27b. SIGNATURE	Atto	My			ATTENDING PHYSICIAN [	MEDICAL STA		22¢ DATE	12/87
1		22d PHYSICIAN'S NAME (TYPE OF	OR PRINT)	KIHS		ST. F	tynes	Hornite	1 1	bultin	~~~~
		BURIAL, CREMATION, REMOVAL				ta Pr		23d LOCATION CITY OF TOWN  Ral +i mo	re I	COUNTY Ralto	STATE

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tetely filled in by the funeral director, page of 2 should be filed within 72 hours ofter direct

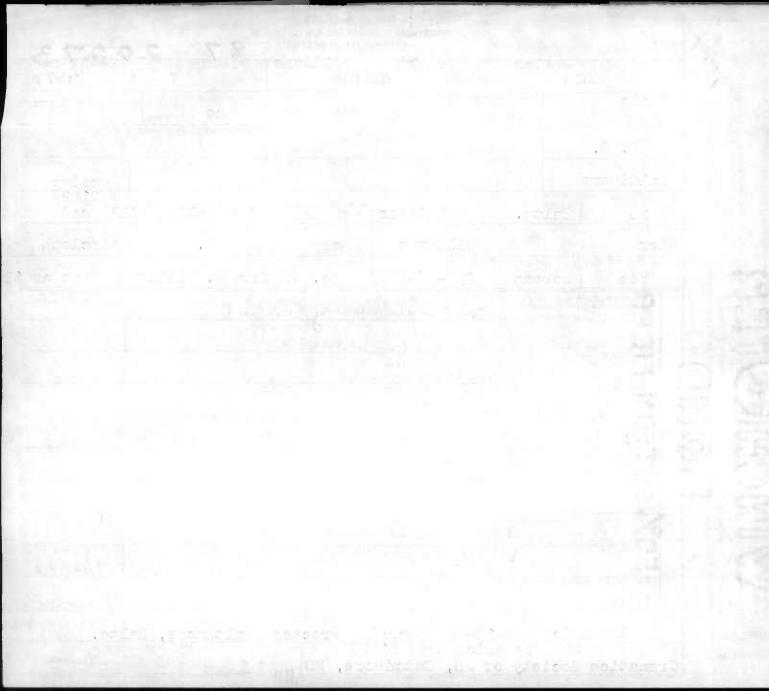
FOR STATE REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

299 Frederick Road 21228 Cremation Society of MD, Batchimore, MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

14 4007 Julia Diordson-Roadaea



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### STATE OF MARYLAND

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-58	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	BIENE 8 /REG.	NO 2	0 2	7 4
	CEASED NAME FIRST		MIDDLE	I	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(,,,,	ALM	A	L.	WILL	IAMS	JULY 31	. 1987		6:45 A
3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	FUNDER 1 YEAR	HOURS MIN.
	FEMALE	BLA	CK	10	1.0	68	YRS	DATS	NOURS MIN.
	ERTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1 20	D NEVER MARRIED	9 BALTIMORE CITY	_		
1	N.C.	U.S.	Α.	WIDOWE		BALTI	MORE CI	TY	MD.
ВА	ITY OR TOWN OF DEATH	CHURC	H HOME HO	SPITA	DR OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOS DISABLE	T OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		130. CITY OR TOW BALTO.		13d. INSIDE CITY LIMITS? YES XX NO [	13e.STREET ADDRES 26 S. EXE	S / ZIP CODE TER STR	EET 2	21202
14 FA	TIMOTHY	MIDDLE	DANIEL	S.	15 MOTHER'S MAIDEN NA/ ELUA	WE		SAMP	SON
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
	NO	TE WAN OR DATES!	213-12-	3617	HESTER BROWN	280 S. BA	LLOU CT	. 2120	)5
N O	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION GIVE	N IN PART 1	a
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	DF INJURY  .M. MONTH DA  .M.  OF INJURY	AY YEAR	21c. HOW INJURY OCCURR			RT I OR PART 2)	
WEG	WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE, F	*** **	STREET	CITY OR	0.3	COUNTY	STATE
	22a.1 certify that (1) (the hasp saw the deceased plive are abave, (1) (see) (did) did no 22b. SIGNATUII		ne_deceased fram	7, a	nd that in (my) our apinion of	, 10	date and haur		that (I) we last causes stated
-	Justin	any			ATTENDING PHYSICIAN	DIRECTOR PHYS	TAFF SICIANITA	1/3/	187
	PAUL GOI	RMLEY M	1. D.		100 N. BRO				.21231
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23c. 1		EW CEMETERY	DUNDALK	, , ,	COUNTY	RMORE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is

WM. C. MARCH F/H, INC. 1101 E. NORTH AVE.

250. DATE RECD AY REGISTRAR'S SIGNATURE

AUG O A 1987 ( Lin Stringer Balance)

#### STATE OF MARYLAND Ites o frid som decent . o DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE per Fureral Home - STATE CERTIFICATE OF DEATH 1. DECEASED NAME WIDDIE 20. DATE OF DEATH 2b HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDA IF UNDER I YEAR 31 SEX 4 RACE mple 9 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? 126 KIND OF BUSINESS OR CILY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USL INDUSTRY S LIFE) 13e.STREET ADDRESS Undmoure 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF 'U.D & cardin ma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIPLASE OR CONDITION GIVEN IN PART 110 IFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [ CERTI 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a I certify that this hospital) attended the deceased from

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

STATE

sow the deceased alive on obove, (the (we) (did) (did not) view the body after death

> ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

211 LOCATION

STREET

COUNTY

23c NAME OF CEMETERY

DEGREE

22b. SIGNATURE

CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

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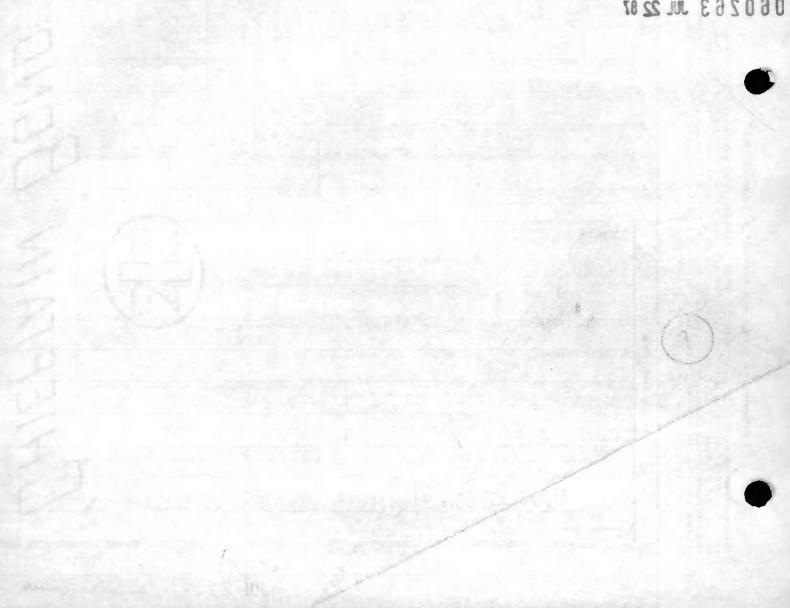
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN 2b HOUR 060263 JUL OF ESTI-WILLIAMS DARRIN Lamont DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR 2d HOUR F UNDER 24 HRS DATE LAST BIRTHDAY 7-12-87,0 1:581 Black Sept. 28, 1966 DEAD Male Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY United States Washington, DC ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS University Hospital Apprentice/Sheet Metalist Baltimore ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 20770) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136. COUNTY 8015 Mandan Road, Apt. 302 YES X Prince Georges Greenbelt 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Adele Williams Adams Carol Lamont Raymond 17. INFORMANT 8015 Mandan To Read, Apt. 302; 214-86-3566 Carol A. Adams (mother) Greenbelt, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES X TING THE WEST OF THE CHEST NO F 216. TIME OF INJURY 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR A.M. MONTH DAY YEAR passenger in an auto/auto collision CONTRIBUTING CAUSE OF DEATH 7:42RM 7-11-87 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED I-95 Northbound Lane Tow Baltimore Maryland STATE STREET FACTORY, FARM, ETC. WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STINDORE, MARWAND, 2 220. I certify that I took charge of the remains described above, held on Inspection ond in my opinion Accident XX death resulted forma Homicide Undetermined manner Natural causes TITLE (SPECIFY) 7-13-87 Assistant Margarita A. Korell, M.D. ADDRES 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Fort Lincoln Cemetery, Brentwood, P.G. Mary Tand 07/18/87 Burial BY REGISTRAR 356 REGISTRAP'S SIGNATURE 1987 Julia Devider Condition LATNEY's Funeral Home **DHMH - 17** (VR A15 ME (5)) 3831 Georgia Avenue, N.W.; Washington, DC

STATE OF MARYLAND-«



STATE OF MARY! AND

20277

2	28	FOR STATE REGISTRAR	DEP		ICATE OF DEATH	IENE 7	202	77	
	T. DE	CEASED NAME FIRST	WIDDLE		IAST	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR	
		Dock	F.	Wi	illiams		7 8 18	87 3 a.m	
	3. SE		4 RACE	5. DATE (		6. AGE TIN YEARS LAST BIS	TYEAR IF UNGER 24 HRS		
		male	black		6 1 1887	100	YRS.		
17	Ja. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.		D NEVER MARRIED	9 BALTIMORE CITY			
(	1	N.C.	USA	WIDOWI	DIVORCED	Baltim		MD.	
		Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Pleasant Man	OF NUTS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Disabled		IND OF BUSINESS OR STRY	
-	13a. S	AL RESIDENCE (IF NURSING HOME O STATE Md 136 COU	R OTHER INSTITUTION GIVE RESIDENCE B NTY 130. CITY OR T Baltim	OWN	13d. INSIDE CITY LIMITS?	13e street address 1305 Divis	on Street	21217	
1	14 FA	ATHER'S NAME	MIDDLE LAST	15/18	15. MOTHER'S MAIDEN NAM	WE		TACT	
No.	_ou		Will	iams	Georgianna	Mark		Cavis	
8	0	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRI	ESS		
		Yes Arm	y WWI 212-0	5-2009	Randolph Tu	urpin 1546	Upshire	Road	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	-D RY.	and ich	arrest		138	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
		Conditions, if ony, which gave rise to immediate cause tal, stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF LOCAL DISTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I							
-	TION	Moura	Effection with	ruspe	icia corta;	Lung			
1	CERTIFICATION	19a DATE OF OPERATION	6 196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED JUSES OF DEATH?	
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPA	RT 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		216 LOCATION STREET	CITY OR TO	own coun	STATE	
			WILL CL	0	d that in (my), (tour) opinion d	, to leath occurred an he de	, 19 5 ate and hour and fram	, that (I) (we) last in the causes stated	
		226 SIGNATURE	muel Lev	MEDICAL STAI DIRECTOR PHYSIC		DATE SIGNED			
		MANUE	LEUN M.		610/PL HET	AUE 1	3+40 M	D 21212	
	23a B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	N/M/S	
	24 FI	Burial UNERAL DIRECTOR	7/13/87	arrisor	Forest Vet	Owings	Mills	MO	
		. C. March F/H	West 4300 Waß	sh Aver	iue 25a DATE	1 0 4007	250 REGISTRAR'S SIC	no Randala	

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR

R ATE GISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.
SED NAME FIRST	MIDDIE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 40
1a/a	4. RACE S. DATE OF BIRTH  Black S. DATE OF BIRTH  MONTH DAY  10 27 15 71 YRS  6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 J HRS  MONTHS BAYS HOURS MIN.  YRS
PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH  USA WIDOWED DIVORCED   But to City MD.
a 1 to	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1906 OF WORK FOR MOST OF WORKING ME) 126. KIND OF BUSINESS OR (1908 OF WORK FOR MOST OF WORKING ME) 1100 STRY
Md 13b. COUN	By to YES NO 969 Ellwott Dr. 21216
stopher	MIDDLE WILLIAMS COYO MIDDLE WALLSON
DECEASED EVER IN U.S. AR TO OR UNKNOWN) (IF YES GIV Yes	VEWAR OR DATES) 220-03-4101 Pts Chart-Margaret Williams 969 Ellicott Dr.
PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) and (c)  The CAUSE (a)  We have a tic Cause of the Cause of
anditions, if any, which	DUE TO, OR ASA CONSEQUENCE OF Quien and clas
ouse (a), stating the iderlying couse last.	DUE TO, OR AS A SECOND Rend Syndime

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22a.) certify that (1) this haspital) attended to sow the deceased alive on above, (I) (we) (did) (did not) view 22b. SIGNATURE

ATTENDING PHYSICIAN 22e ADDRESS

211 LOCATION

MEDICAL STAFF DIRECTOR PHYSICIAN [

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

that (I) (we) lost

230 BURIAL CREMATION, REMOVAL (SPECIF Burial

23h DATE 7/25/87

HOUR A.M.

21e PLACE OF INJURY

23c. NAME OF CEMETERY OR CREMATORY Garrison Forest VA

DEGREE

Owings

Mills COUNTY MD

COUNTY

24 FUNERAL DIRECTOR

AT WORK

FOR STATE REGISTRAR DECEASED NAME

7e. BIRTHPLACE

COUNTRY

10 CITY OR TOWN OF DEATH

IYES NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTH

18 CAUSE OF DEATH (Enter only of

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

21d. INJURY OCCURRED

3. SEX

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signed by the

FUNERAL DIRECTOR: After this certificate has been

Then please remave . to burial, cremation,

prior

use as the burial-tronsit permit Health and Mental Hygiene pria

morked or Item 18

MPORTANT: If Item 21 should be detoched with the State Dept.

MEDICAL

Wm. C. March F/H West 430℃ Wabash Avenue

MONTH DAY

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

YEAR

111479

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other train

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EG. NO	U	CHE	1	6

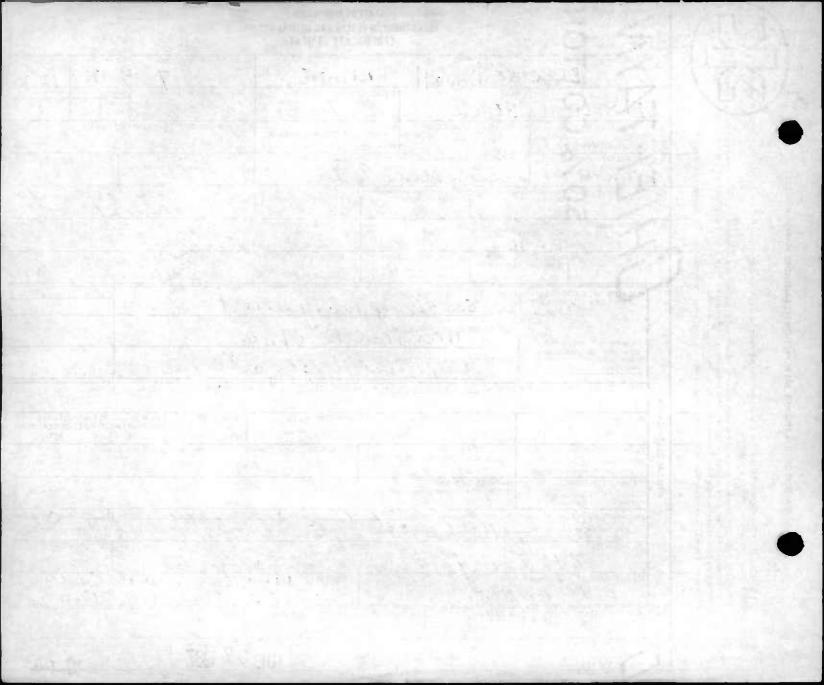
	13	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0 2	18	
	{TYPE	CEASED NAME FIRST ELLO	9000	WIL	LIAMS		ONTH DAY	1987	HOUR 12.05 UNDER 24 HRS
	3 SE)	FEMALE	BLACIL	5. DATE C		6 AGE (IN YEARS LAST BIRTHI	YRS.	NIHS DAYS HO	OURS MIN
1	Jo. BII	RTHPLACE ISTATE OR FOREIGN DUNTRY)	USA.	MARRIEI WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR	COUNTYO	F DEATH	MD.
	Sa. CI	ellenore Md'	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		enter institution	120 USUAL OCCUPATIO		126. KIND OF BI	USINESS OR
1	13a S	MD.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2506	Elam eK >2	est.
-	14 FA	THER'S NAME FIRST  HENRY DOWF	ADDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		IAST	
		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	N. Y. 101	17 INFORMANT DaugHTER	RAH JONES	Ela	mon?	ned.
	NO	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardio respiratory avvest  DUE TO, OR AS ACONSEQUENCE OF  (b) Viever so able should  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN WE PART 110							
	CERTIFICATION	190. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDINGS NG CAUSES OF	USED DEATH?
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		YEAR 19 ARM, ETC.)	21t. HOW INJURY OCCURR 21t. LOCATION STREET	ED (ENTER NATURE OF INJURY		( ) OR PART 2)	STATE
		22e I certify that (I) (this hospith sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	7/4/ 198	1	nd that in (my) our) apinion of DEGREE  ATTENDING PHYSICIAN [	deoth occurred on the dot			
		22d PHYSICIAN'S NAME (TYPE OR	PRINT) PHIJ		Pal	-1 -13 -1	uical Md.	21215	ev
	23a. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	STATE
	24 FL	BURTAT.  JNERAL DIRECTOR	7/10/87 A	RBUT		BALTO.,		R'S SIGNATURE	

DHMH-16 60M 1/73

(VR A 15 (4))

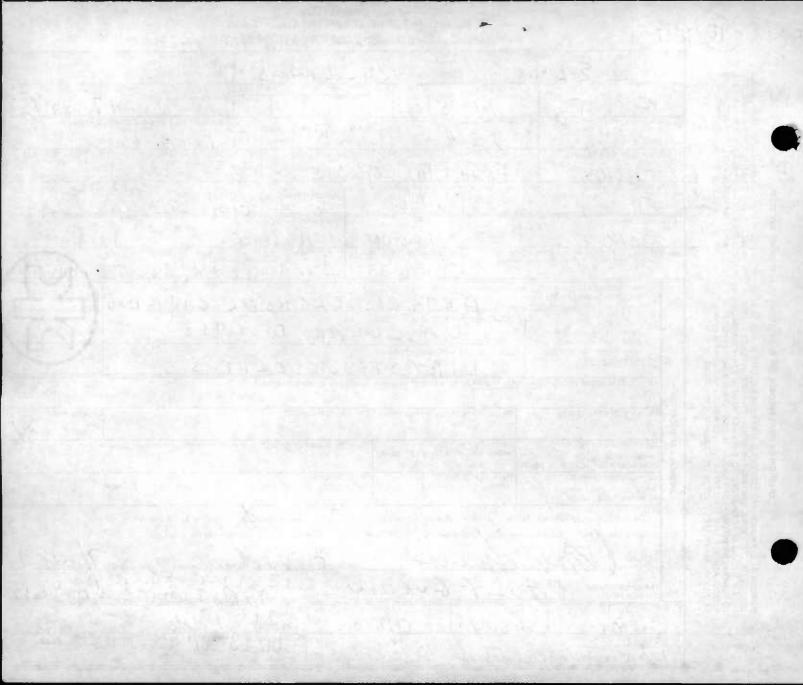
LEROY DYETT 4600 LIBERTY HEIGHTS 0.

1987 Julia Diction Pulses



STATE OF MARYLAND FOR - DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTE, DEATH, IF ANY DELAY IS NECESSARY PLASSE PAGE 4 SHOULD BE CERTIFICATE, WRITHING THE WORDS "PROIDED" IN TERM, IN SINCE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. REBSTON STREET, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DEATH MATED \$23 \$23 \$23 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24. DATE HTHOM DAY AST BIRTHDAY) PRONOUNCED DEAD 197 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED DHEVER MARRIED WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY USUAL RESIDENCE LIF IN NURSING HOMF OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? NO ORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 5 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN' **ADDRESS** (YES, NOLOR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON IMMEDIATE CAUSE DISE Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION AT WORK AT WAT STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a. I certify that 1400 charge of the remove described obove, held on Autopsy Inspection ond in my opinion Undetermined monner death resulted from Accident Suicide Homicide TITLE (SPECIFY SIGNATUR EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY emeta BP 07/84 256 AUGISTRAR'S SIGNATURE 25M REC'P. BY REGISTRAR 24. FUNERAL DIRECTO **DHMH - 17** (VR A15 ME (5))



#### FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20	2	8	1,
DE NO			,

N		REGISTRAR			CERTIFICATE OF D	EATH B	RE . NO	0 -		
		DECEASED NAME	FIRST	MIDDLE	LAST		DATE OF DEATH	AONTH DAY	YEAR 26 HOUR	
DJ Z J	UL 4	01.	ETHEL	CALDINEL			7/4/8+		100	
of the state of th	13	FEMAL	4. RAC		5. DATE OF BIRTH  MONTH  DAY  2  1	VEAR	AGE (IN YEARS LAST BIRTI	WONIHS	DAYS HOURS	MIN
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72 N	17	S. CAROLI O. CITY OR TOWN OF DE	N/A	USA	MARRIED NEVER M	ARRIED 1	BALTIM		ITY	MD
29 6	10	O. CITY OR TOWN OF DE	ATH 11. N		G HOME OR OTHER INSTI	ITUTION 12	. USUAL OCCUPATION	N 12b.	KIND OF BUSINES	SOR
thed the	10	BALTIMOI	RE S.	NOT IN SUCH FACILITY, GIVE STREET AINT AGN	ES HOSPIT	TAL I	OMESTIC (	MAID) GO	LEN L. MA	RTIN
the die	26	SUAL RESIDENCE (IF NUR 30. STATE	13b. COUNTY	13c CITY OR TOW		TY LIMITS?	STREET ADDRESS /	ZIP CODE BAC	TO. MO.	_
hood	4	MD	7	Baltim		MAIDEN NAME	3201 PHEL	S CANE	21229	
plene d 2	20	4. FATHER'S NAME	MIDDLE	WESLE		ANCIS	WIDDLE	PI	NINATV	
0	$\sim$	60 WAS DECEASED EVE	R IN U.S. ARMED F			NT MS.	BA/1999	SOPE M	NKNEY	10
og an		(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O		5795 ETHEL		1 3201 PA	HELPS U	ANE 2/2	29
1	r	18 CAUSE OF DEA	TH (Enter anly ane	cause per line for (a), (b), an					APPROXIMATE INTERVA	
Non A		PART I. DEATH V	VAS CAUSEĎ BY: IMMEDIATE CAU	SE(0) Respirators	and Cardiac	: arrest				
die o			D	UE TO, OR AS A CONSEQU	ENCE OF .	. 7	11111			
offer, offer, roun		Conditions, if any	, which	16) Coma	2 to CV	As(mu	et de)			
o rem crem ther t		cause (a), stati	ng the D	UE TO, OR AS A CONSEQU				100		
pleas riel.		J. D. L. L.		TIONS CONTRIBUTING TO			N DISEASE OF CONF	STION GIVEN IN E	APT lie	=
The Both			MIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINA	AL DISEASE OR CONL	THOM OWEN HAP	ART IIU	
prior	2	19a DATE OF OPERA	TION	b. CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	20m AUTOPSY?	20b. IF YES, WERE	FINDINGS USED	12
225	X						YES NO	YES [	NO [	
tront Hyg		OR CONTRIBUTION T		TIME OF INJURY	AY YEAR 216. HOW INJ	JURY OCCURRED	(ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR	PART 2)	
Certification of the Control	7	(IF EITHER, NOTIFY MEG	HCAL EXAMINER)	P.M.	19					
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Hart of the		AT WEEK LAT WE	ORX -		1/25	82	7/4	7	7	
Hong a		220.1 certify that (I		tended the deceased fram.	X7	(aux) apinion don	th accurred on the do	, 19	, that (b) (we	,
d to		abave, (I) (we)	(did) (did nat) view	the bady after death.	DEGREE	(doi) apinion deo	in occorred on me do		c. DATE SIGNED	ea
Disp B		22b. SIGNATURE		Toula	A	TTENDING _ /	MEDICAL STAF		7/11/87	_
ERAL Short	_	224 PHYSICIAN'S N	IAME /TYPE OR PRINT)		22e. ADDRESS		PHYSIC	AN	1/7/01	
FE STATE	1	MONL			900	S CATO	N AVE	Balto	MD 21	229
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		BUR	CIAL 7	110/1987 A	CBUTUS ME	M. PARK	$\mathcal{E}$	ALTIMO	RE, MI	),
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DHMH - 16 60M 7/84 (VRA 15, 4)

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	OR. URS. URS.	2.051	Gail	1.	D.		liams	DEAT	H MATED X		1 1987	
8	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET.	3. SEX	- N	5. DATE OF BIRTH	YEAR 6. AGE (IN YEAR JAST BIRTHO)	AY) MONTHS	DAYS HOURS	MIN. PRONO	UNCED AD	7	9 19 87	4:10 4:10 P
	NECESS CUNERA 5 FOR WITHIII	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	A.	8. MARRIED WIDOWED	☐ DIVORCE		MORECITY O	- re Cit	v. 30	) M
	>보충들성		ltimore	(IF NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS)	OR OTHER I	NSTITUTION	POR MOST OF W	ORKING LIEE)	OF WORK 12h	OR INDUSTR	SINESS
21201	ANY DANY DANY DANY DANY DANY DANY DANY D		L RESIDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN	13d	INSIDE CITY LIMITS?	13e. STREET ADD		ST	#2	121
RE, MD.	PM 3. ND 2 S	14. FA	THER'S NAME MONROC	MIDDLE VI	11/4ms	4	MOTHER'S MAIDE	N NAME	MIDDLE	D	AVIC	
ALTIMO		16a. V	(AS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	215-60-5		EURT;	Will	ADDRESS IAMS	1004	1 W.4	121/5
W PRESTON ST. B	TRANSII PERMI ENTAL HYOIENE, OR REMOVAL		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under</u> -	DBY:  E CAUSE (a)	or (a), (b), and (c).) ral inhuries S A CONSEQUENCE C	OF	r airway ob	ostruction			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEAT
RECORDS, 201	BE EXECTIONS S A BUR THA AND REMATIC	NO	lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	T NOT RELATED TO THE TERM	INAL DISEASE OR (	CONDITION GIVEN IN PAR	T 1 (a)				300
ITAL RE	HIEF HER NOT HE RIAL,	CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS F	PERFORMED?			77.5	20 AUTOPSY?	NO []
ION OF V	ICATE WITHE WOULD BOULD	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR UNKNOWN 19	sub	ject suffic		INJURY IN ITEM 18 P	ART 1 OR PART 2	Y	
DIVISION	WAR WAR PAGE 2120	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTOR	INJURY (ATHOME, RY, FARM, ETC.)	STREET BO24 Sp		ciiyor a. Balti	more City	COUNT	Maryland	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: F AFIER DEATH, WITH THE SIS BALTIMORE, MARYLAND, S		220. I certify that I took charg death resulted from Natur,	e of the remains descr		icide,	Inspection Hamicide (XX), ITTLE (SPECIFY) Assistant	Undetermined	manner ,	DATE SIGNED	on 7−10−9	<b>9</b> 7
	EXECUTE TO MEDICAL SECUTE TO FUNER AFTER DEA		EXAMINER'S NAME Charl	es P. Koke	s, M.D.			Penn St				
07/84	Bb 766	Par. BI	RIAL CREMATION, REMOVAL 2	7/13/81	BA ITO			23d LOCATION CITY OR TOWN	70.	COUNTY	MA	0.
25M	DHMH - 17	24 FL	INERAL DIRECTOR	ena/Apopess	1 e /126 N	CARA	/.	EC'D. BY REGISTI	RAR 25b. REGIS	TRAR'S SIGN	NATURE	No.

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STATE OF MARTEAND	STATE	OF	MARYLAND
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1.		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT		ADDRES	Š		
	(4	(IF YES, GIV	VE WAR OR DATES)	-20-1110	MRS. GENEI	EVE HU	TTO 7	05 N.	CALHOU	N STREET
1		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a),	(by, and ic if	10.1				BETWEEN ON	ATE INTERVAL
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H	k.	Conditions, if ony, which gove rise to immediate	(b)		+5/17)				Mar	1 francis
	1	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF					-	
۱			(c)	<b>.</b>						-
	Z	PART 2 OTHER SIGNIFICANT C	(e) Herry	OR'A HT	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CONDI	TION GIVEN	IN PART 110	
0	ATIC	19a DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, V	WERE FINDING	GS USED
K	CERTIFICATION					YES 🗍	NGE	IN CERTIFYII	NG CAUSES C	OF DEATH?
3	CER	210. ACCIDENT WAS UNDERLYING	THOUSE AND MONT	UL DAM VEAR	21c. HOW INJURY OCCUR					
7	CAL	OR CONTRIBUTING CAUSE OF DEA	AIR .	H DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM ETC.	211. LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
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		22a. certify that (1) (this hospi sow the deceased alive on	- / / ^		<del>- 0 -</del> 19	U to	0 /		/	not (I) (we) lost
U		obove, (1) (we) (did) (did no	of view the body ofter death.		nd that in (my) (our) opinion	deoin occurr	red on the dote	ond hour o		
		22b. SIGNATURE UL	1h an	M	DEGREE ATTENDING	MEDICAL			22c. DATE S	1 2 0
H		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)		PHYSICIAN [	DIRECTO	R PHYSICIA	N	1/2	-117
	1	SHAUKAT	Y. K14,	AN	60171	KIN	9 W/6	1 3 7	201	< /
1	23n B	SURIAL, CREMATION, REMOVAL	23b. DATE	1234 NAME OF C	EMETERY OR CREMATORY	23d LOC	ALION	228		
		SPECIFY)  BURIAL	7/25/87	ARBUTUS		CII	LTIMOR		LTO.)	MD.
	24 FU	UNERAL DIRECTOR	11/~//01	7000100			REGISTRAR 25			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

LEWIS T. GWYNN 4517 PARK HEIGHTS AVE. 21215 JUL 23 1987

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DHMH - 16 60M 7/84

(VRA 15, 4)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IQ 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] COUNTY CITY OR TOWN STATE and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STATE 5200 EASTERN AVE BULL 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 07/25/87 Meadowridge Mem. Howard Co. . Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAT Zeiler Inc. 1901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MINUTE

INDUSTRY

20 DATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CE	RTI	FICA	TE OF	DEATH	6

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	n l	1 DEC	EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
by be		(TYPE	OR PRINT	8.	Willia	ma	July 2	21987	400 PM
pog r de		3 SEX	24/0	4 RACE	5. DATE (	OF BIRTH	6 AGE (IN YEAR LAST BIR	THOAY IF UNDER I YE	AR IF UNDER 24 HRS
ofte.		-	1.	Black	MONT	22 13 .	74	YRS. MONTHS DAY	S HOURS MIN.
Pog	i proj	7a. BII	THPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8		9 BALTIMORE CITY	R COUNTY OF DEATH	
7 2 co	out of	6	OUNTRY)	115	MARRIE	D NEVER MARRIED DIVORCED	Brich	MARIA	MD
of nutter	0	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	- 43	126 USUAL OCCUPAT		OF BUSINESS OR
of the	Offitied	1	albana dla	(IF NOT IN SUCH FACILITY,		dical	(TYPE OF WORK FOR MOST O		ξΥ
ours on fill	De	USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESID	ENCE (EFORE ADMISSION)				21239
24 h	minst	13c. S	TATE LAND BE	Itanivo Ra	141 MONE	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	SIL CODE	
sho sho	ner	I FA	THER'S NAME	THAMPS I PA	HALALBANE	15. MOTHER'S MAIDEN NA			
pleten ng 2	E G		FIRST	MIDDLE	CATORS	FIRST	MIDDLE		LAST
of Section	0	16a W	AS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
Poge	medico			GIVE WAR OR DATES!	-12-8623	Mary Care	en 1246	moodboo	me Ave
- i i i	6					1110000	w) 12 10		OXIMATE INTERVAL EN ONSET AND DEATH
kysic sope soof	event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (	0), (b), and (c).)			BETWE	EN ONSET AND DEATH
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en s or to	=	CERTIFICATION	AND! Dow	entia; Ch	rome a	anal Jarle		20b. IF YES, WERE FIN	DAIGGUEE
low s be srmit	50	CA	196 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFOR FD	200 AUTOPSY?	IN CERTIFYING CAUS	SES OF DEATH?
The ion.	30 L	T E					YES NO	YES 🗌	NO 🗌
	18.		716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		Y ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	PRY IN ITEM TE PART I OR PART	<i>t</i> )
ICIA g pl g pl ertif iol-t	E	₹ S	(IF EITHER NOTIFY MEDICAL EXAMI		19				
his o	5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU		211. LOCATION STREET	CITY OF TO	OWN COUNTY	STATE
offe offe ter t	rked	>	WHILE NOT WHILE AT WORK		, , , , , , , , , , , , , , , , , , , ,				
or ATTENDIN e hospitol or o DIRECTOR: Aft oched for use os Dept. of Health	E		22a.L certify that (1) this ho	spital) attended the deceas	sed from	414 19 8	T. 10 July	22 19 87	, that (I we lost
TOR For C	2		sow the deceased alive	on 22 Juli	7 19 4 7,0	nd that in (my lour opinion	deoth occurred on the o	late and hour and from t	he couses stated
R A hosp	E		22h SIGNATURE	nort view the body offer det	4	DEGREE		22c. DA	ATE SIGNED
E 0	=		totalog	Juna	PN.	ATTENDING PHYSICIAN [	MEDICAL STA		July 1987
E & III e C	Z-		224 PHYSICIAN'S NAME (TYP	E OR (RINT)	*	22e ADDRESS			
TO HOSPITAL etoined by the TO FUNERAL should be detailed by the store	MPORTANT		David	Juna		Libor	tu had.	cal Cons	lo n
of Short	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	230 5	SURIAL, CREMATION, REMOV		123r NAME OF	CEMETERY OR CREMATORY	Tad LOCATION	CONT. CONC	
0.0			SPECIFY)	7/25/87	1		CITY OR TOWN	COUNTY	STATE
BP		20 E	JNERAL DIRECTOR	1120101	King		TE REC'D. BY REGISTRAL	256 REGISTRAR'S SIGN	NATURE
DHMH - 16 60M			NAME	C /	ADDRESS	1.1111	28 1987	16.1 -1	
(VRA 15, 4)		N	m. C. Ma.	rch 6/4 11	01 E. N	שטדו חדץ ם		Lines Witherston	Randales

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 1	99 11		SJATE REGISTRAR		ME	DICAL	EXAMINI	ER'S C	ERTIFIC	CATEO	FDEA	TH.	REG. NO.	) 2	8	C.
	35 85 85 F.F.		CEASED NAME OR PRINT)	JOHN		MIDDLE		WIL	LIAMS	5	2	O. DATE KI OF DEATH A	NOWN DESTI-	MONTH 7 8	DAY YEA 3 19 8	
	RY, PLEA DIRECTO OUR FILE 72 HOU	3 SEX	Male	4. RACE Black	5. DATE OF BIRTH	24	6. AGE (IN YEAR LAST BIRTHDAY	RS IF UND	DER 1 YR.	IF UNDER		C. DATE RONOUNC DEAD	ED	монтн 7 8	DAY YE	AR 2d. HOUR
5	1. IF ANY DEL 1 SSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 2. SHOULD BE ELIED, WITHIN 72 HOURS AL RECORDS, 20 W PIEST IN STREET,	FO	RTHPLACE (5 REIGH COUNTRY) A.		76. CITIZEN OF W		ITRY?	MARRIE WIDOWE		VER MARRI	ED L		recity or Lmore	_	OF DEATH	MD
4	PAGE :		TY OR TOWN  Baltimo	ore	11. NAME OF HO (# NOT IN SUCH F 2566 Sa	acility, give s	Place		R INSTITU	TION		ALOCCUPA OST OF WORKIN Reti	(G LIFE)	OF WORK 12	OR INDU	
.21201	AND 3 AND 3 RETAIN RECORD	130 S	IL RESIDENCE TATE 1d.	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY Ba	BEFORE ADMISSION OF JOWN 1 timore	N)	YES T	NO [	13e. STRE 256	ET ADDRESS	erno l	Place	21230	0
RE, MD.	AN WEES I	1	THER'S NAME FIRST Frank		MIDDLÉ		illiams	Tel i	Mar	/	N NAME	MIDE		Hall	LAST	
BALTIMORE	JIRS AFTER IS. GIVE PAWITH FORWAITH FOR INCIDINISION (DIVISION (C. 1945)	{Y	VAS DECEASE ES, NO, OR UNKNO PES	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		CIAL SECURITY 6-16-80		17. INFORA	Will:	iams	2566	ADDRESS Sale:	rno P	lace	
S, 201 W. PRESTON ST.	UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG 18 RIAL TRANSIT PERMIT D MENTAL HYGIENE, ON, OR REMOVAL.		Canditia gave ri cause (a lying cau	IMMEDIA ins, if any, which se to immediate stating the under ise last.	TE CAUSE (a)	Hyper R AS A COM	tensive	F				sease			BETWEEN OF	MATE INTERVAL
DIVISION OF VITAL RECORDS,	MEDIC MEDIC MEDIC AS A CREM	ICATION	190. DATE OF		CONTRIBUTING TO DEATH		WHICH OPERA				RT I (a).				20 AUTOP	
ION OF VIT	S THE WOOD THE CATE STATE TO THE CAULD BE CHOULD BE CARTMENT TO BUT TO B	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR			OCCURRE	D (ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART	YES [	Хои
DIVIS	WRI WRI AGE AGE 120	WED	WHILE AT WORK	NOT WHILE [	21e PLACE STREET, FAC	TORY, FARM, E		211. LOC STE	ATION REET			CITY OR TOWN		COUN	TY	STATE
	TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		220 I certi death result ACTUAL SIGNATURE EXAMINER'S	Thew	ge of the remains de		Sur	M.E	Hamic TITLE (SI	PECIFY) stant	Undeter	Inquiry Immed mann	ner .	DATE SIGNED.	7-8-	P 11.1
		23a.Bi	(TYPE OR PRII URIAL, CREMA PECIFY)	TION, REMOVAL	23b. DATE	23c. 1	NAME OF CEM	ETERY OR		DRY	23d. LOC	ATION		COUNTY		STATE
07/84 25M	DHMH - 17 (VR A15 ME (5))		Burial UNERALDIREC March I		7-14-8 Home 1401		edar Hi Iorth Av					ne Ar	256 REGIS	TRAR'S SIG	Mo	

Nº COLLION EIBE B

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JUL

ly filled in by the funeral director, page 3 should be filed within 72 hours after **65** 

	STATE OF MARYLAND
FOR TATE	DEPARTMENT OF HEALTH AND MEN
- STATE	CEDTIFICATE OF DEA

MENTAL HYGIENE CERTIFICATE OF DEATH

8	7 <sub>REG.</sub>	2	40	2	8	7

REGISTRAR			CENTIN	ichit oi b		REG. NO.				
DECEASED NAME	FIRST	MIDDLE	ı	AST	75.0		DAY YEAR	26 HOUR		
O A7	Mary	Ε.	Will	liams		4. 4	H 87	1942 A		
SEX.		1. RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
F		B	MONTH	1 8	27	60 YRS.	MONTHS DATS	HOURS MIN.		
BIRTHPLACE (S	TATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8			9 BALTIMORE CITY OR COUNTY	OF DEATH			
COUNTREBALT	0.	USA WIDOWED		D NEVER M	ORCED	Baltimore City,				
Baltimo		11. NAME OF HOSPITAL, I	NURSING HOME C	OR OTHER INST		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		OF BUSINESS OR		
				Phirai		N/A		930		
30. STATE	13b. COU	NTY 13c. CITY C		134. INSIDE CI	TY LIMITS?	13e STREET ADDRESS / ZIP CODE		01010		
MD	1,000,000,000	BAL	TO.	- 4	NO 🗌	946 HOMESTEAD ST	REET	21218		
FATHER'S NAME		MIDDLE	AST		MAIDEN NAA	WIDDLE	LAS	ST		
JOH	N	SI	NGLETERY	(	GLADYS		HO	RN		
YES, NO OR UNKNO	DEVER IN U.S. AR	MED FORCES? 166. SOCIA	AL SECURITY NO.	17 INFORMAL	41	ADDRESS				
NO			8-6938	MARGA	RET FOS	STER 946 HOMES	TEAD S	TREET		
18 CAUSE O	F DEATH (Enter or	nly one cause per line for (a),	(b), and (c).)				APPROX BETWEEN	ONSET AND DEATH		
	ATH WAS CAUSE	D BY:	lin	horni	ation	1				
-	IMMEDIA	TE CAUSE (o)	CITC	riv ya	00 11 07			maca+		
		DUE TO, OR AS A CON	NSEQUENCE OF	,		/	1	onsel		
Conditions, if any, which ( 1b) CM bilic aleborascular accorden								7/2118		
gove rise to immediate								1		
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
underlying	underlying cause lost. (c) atherosclerosis									
PART 2 OTH	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
5	Diabetes mollitus									
19a. DATE OF			196 CONDITION FOR WHICH OPERATION		RMED		S, WERE FINDI			
	NA.	A A A					YING CAUSES	NG CAUSES OF DEATH?		
21g. ACCIDENT	WAS UNDERLYING	216. TIME OF INJURY	/ / / /	21c. HOW IN.	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM TB F				
	NG CAUSE OF DE	HOUR A.M. MON	HOUR A.M. MONTH DAY YEAR		A					
	TIFY MEDICAL EXAMINE			19 (V/)						
21d. INJURY C		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	ALL FOCATION	Δ	CITY OR TOWN	COUNTY	STATE		
AT WORK	NOT WHILE AT WORK			NI						
	220.1 certify that (1) (this haspital) attended the deceased from Day 21, 19.87, to Draw 24, 19.87, that (1) (we) last									
saw the	saw the deceased alive an JIAU 4 19 80 , and that in (m) (our) opinion death occurred an the date and hour and from the couses stated above, (h)(we) (did) (did not) view the body after death.									
	27b. SIGNATURE DEGREE						22c DAJE	SIGNED		
1/1	( sha of & )air				TTENDING	MEDICAL STAFF	11	24/8V		
224 PHYSICI	1724 PHYSICIAN'S NAME (TYPE OR PRINT)							-110		
Ca	Cara L. Davis, M.D.			Union Memorial Hospita			al			
BURIAL, CREMA	ATION, REMOVAL		23c. NAME OF C			23d LOCATION	COUNTY	STATE		
(SPECIFI)	BURIAL	7/28/87	BALTIM	ORE CEM	ETERY	BALTIMORE	COOMIT	MD		
FUNERAL DIREC					25 DATI	E REC'D. BY REGISTRAR 250 REGIST	RAR'S SIGNA	TURE		
WM C MA	ARCH F/H	1101 E. NO	RTH AVE		MAL	40 1901 Julia D	Cordes Signa	A STATE OF		
MILL C IN	ANCH I/II	TIOT C. NO	IVIII LIVE			4				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

MPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be

etoined by the hospital or ottending physicion.

BP.

FOR STATE REGISTRAR

#### STATE OF MARYLAND

NE DEPAR

TMENT	OF	HEA	LTH	AND	MENTAL	HYGIE
CE	RTI	FIC	ATE	OF	DEATH	Č

6 8 3 REG. NO.

		CEASED NAME FIRST	WIDOLE	L	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	(TYPE	MARY	MADELINE	WIL	LIAMS	JULY 30, 1987				
	3. SEX	(	4 RACE	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS	
		FEMALE VHITE			RIL 16, 1792					
2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY C	R COUNTY OF	HTASC		
)	ATA SOUNTRY) A ATTO			MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMOR	E CITY		MD.	
)		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR )	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY 13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 2122				
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM					
	ROBERT LEE JOHNSON				MAGDALENE	LAST				
16a.	16a. W	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS 21215			
	MC	TES. NO OR UNKNOWN) (IF YES GIV	(E WAR OR DATES) 215-22-	2353	Gabriel Amo	oss, 5807	Bland	Ave.	Balto.	
18. CAUSE OF DEATH (Enter only one couse per line for(a), (b), ogd (c)									AND MANUAL TO SERVICE AND SERVICE AND MANUAL TO SERVICE AND MANUAL	
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDOIDN FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING	G CAUSES C		
)	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOTIFY OF WHILE AT WORK ALWORK ALWORK	HOUR A.M. MONTH DA	19	211. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJU		OR PART 2)	STATE	
		22a.1 certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (and that in (my) (and that in (my) (and the deceased of								
		J.R. G. B. H.L. E. P. T. 120. ADDRESS (O REVINISH Nove 2) 266								
	(	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY			WART	din c	
		UNERAL DIRECTOR MCC 7Papapsco Av	ully Funeral Je. Balto, P.B.	Home 2122	6.1	G 4 1987	25b REGISTRAR	SSIGNATU	Mandalla	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

of once.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF REATH	3-6

13	1		8	
la	O	Barrett	0	
REG. NO.				

1	1 -	FOR STATE REGISTRAR			EALTH ÁND MENTAL HYG ICATE OF DEATH	GIENE REG. NO	2028	9
3		CEASED NAME FIRST Phill	ip J.	Willia	ams	20. DATE OF DEATH	7 9 87	26 HOUR
	3. SEX	Male	4 RACE Black	5 DATE O		6 AGE (IN YEARS LAST BIRT	YRS DAYS	
-	L	RTHPLACE (STATE OR FOREIGN OUNTRY) a.	76 CITIZEN OF WHAT	MARRIE			IMORE CIT	TEID.
Bear of		BALTIMORE	633 MCKEW			(TYPE OF WORK FOR MOST OF DISA	E WORKING LIFET INDUSTR	OF BUSINESS OR Y
0	13a. S M D		NTY ISTITUTION GIVE RE-		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS /	ZIP CODE	21218
		THER'S NAME ALPHE		. I ÂMS	JOSTINE	WIDDLE		ÎÖEL
	N 0	/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G		33562872	ANNIE WILL	IAMS 633 M	ICKEWIN AV	DXIMATE INTERVAL N ONSET AND DEATH
)	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION			DITION GIVEN IN PART	DINGS USED
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. A	JRY MONTH DAY YEAR	21¢ HOW INJURY OCCUR			
	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN.	JURY CTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		22a.1 certify that (1) (this haspens of the deceased alive a above. (1) (we) (did) (did not a serve a	of view the body ofter	eoth. , on	d that in (my) (our) opinion DEGREE  D ATTENDING PHYSICIAN  22e ADDRESS  STO 1 Lo		ote and hour and from the	te couses stated TE SIGNED
	{	urial, cremation, remova <sup>spec</sup> Burial	7/13/87	23c NAME OF C		LAFAYET	1 - 7	UISIŠŠNA
	24 FL	WM C March	F/H 11	01 or	th Ave. 250 DA	TE RES'D BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

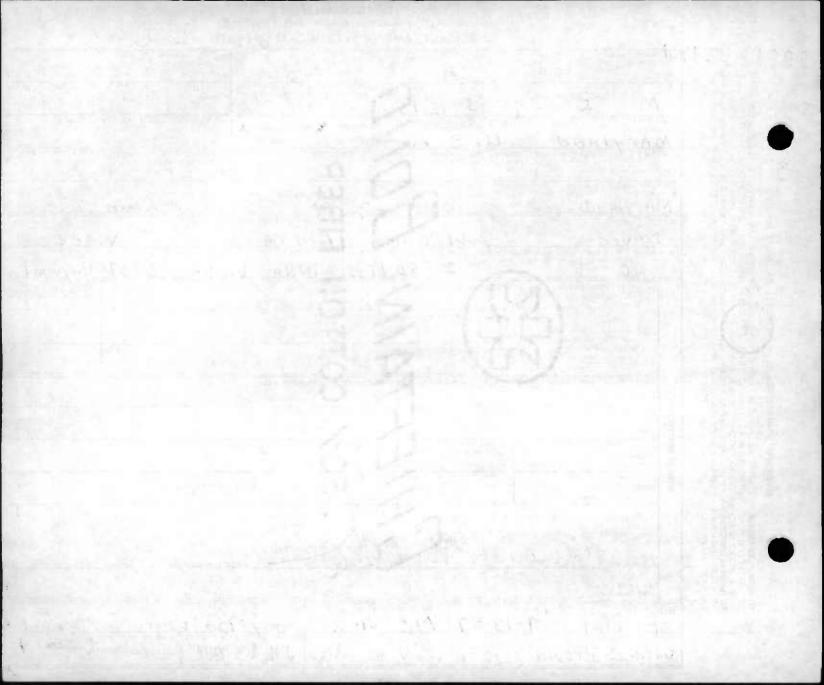
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other trou

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) OF Rashid Williams 1987 TO THE FUNERAL DIRECTOR.

PAGE 5 FOR YOUR FILES.

OLD BE FILED, WITHIN 72 HOURS

HOURS, 201 DEATH MATED 8/ 3 SEX DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 20. DATE 1:00 MONTH LAST BIRTHDAY) YEAR PRONOUNCED 19 87 PM DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X VEVER MARRIED X FOREIGN COUNTRYS Baltimore City, MATYLAND WIDOWED ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Sinai Hospital Baltimore Student USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 136 COUNTY 13e. STREET ADDRESS MARYLAND YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE DAVI LING 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, MESCAL EX TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE (USED) AS BURILL REPROBATH, WITH THE STATE DEPARTMENT OF HEALTH AND MACHER DEATH, WITH ALL STATE DEPARTMENT OF HEALTH AND MACHINORE, MARYLAND, 21201 PRÍOR TO BURIAL, CREMATION PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 116. TIME OF INJURY HOUR & W. MONTH 21a EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR & CONTRIBUTING CAUSE OF DEATH 3:51P.M. subject shot self 71d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE D NOT WHILE AT WORK 3707 Howwood Ave., Balto. home Autapsy 22% I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from Homicide . Undetermined monner ACTUAL 7/9/87 EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 25M REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))



completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

ath. Page 4 may be

es that the death certificate be executed within 24 hours after

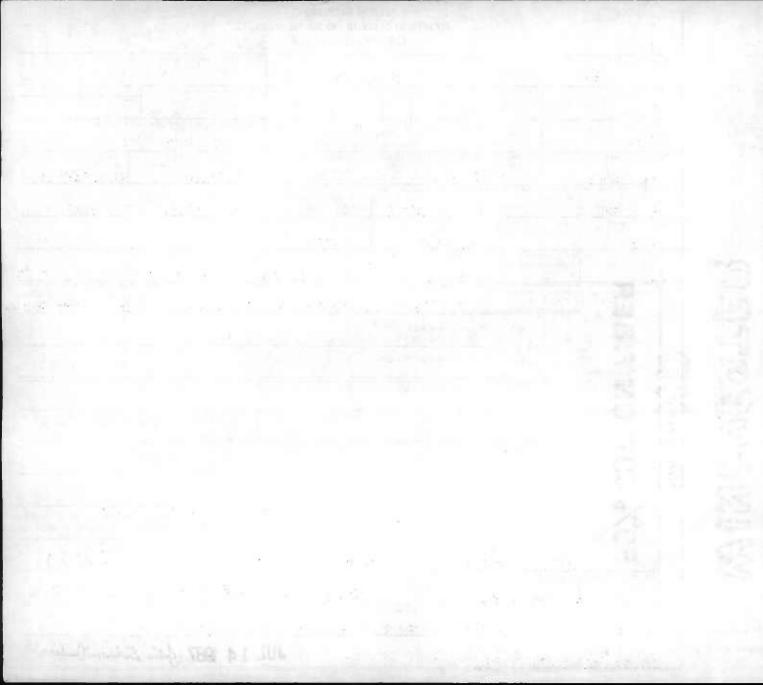
TO HOSPITAL OR ATTENDING PHYSICIAN etained by the haspital or attending phy STATE OF MARYLAND

	-Man	200	13
2	0	2	9
REG. NO			

	C.	REGISTRAR				FICATE OF DEATH		G. NO		
1		CEASED NAME FIRST OR PRINT)		MIDDLE		LAST	20 DATE OF DEA	нтиом НТ	DAY YEAR	2b HO
		ROY			WIL	LIAMS		7	11 8	
3	3. SEX		4 RACE		5 DATE O		6 AGE (IN YEARS L	AST BIRTHDAY]	MONTHS DA	
		MALE	BLA	CK	4	21 19	68	YRS		13 110083
100		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D M NEVER MARRIED	9 BALTIMORE C			
		OHTO	USA		WIDOWI		BALT	IMORE (	CITY	
	10. CT	TY OR TOWN OF DEATH			IG HOME (	OR OTHER INSTITUTION	12a USUAL OCCU	JPATION	12b. KINI	OF BUSIN
00		DALTIMODE	(IF NOT IN SL	32 STONEW	ADDRESS)	0 21239	RETIR			RYDOCK
0		BALTIMORE AL RESIDENCE (# NURSING HOM	OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	ADMISSION					TIDUL
74		STATE 136 CC	YTAU	13c. CITY OR TOW		136 INSIDE CITY LIMITS?	13e.STREET ADDR			21020
		MARYLAND THER'S NAME		BALTIM	IURE	YES NO I	1332 S	UNEWUC	DU RU.	21239
		FIRST	MIDDLE	LAST		FIRST	MID	DIE		LAST
		SCAR		WILLIAMS		SALLY		DDRESS	WINSTO	N
		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	166 SOCIAL SECU	RITTNO	17. INFORMANT		DUKESS		
D L	Υ	'ES		218-10-4	1519	JENNIE B. W	ILLIAMS 1	332 STO		RD.
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	NCE OF					
ory, or amer	z	cause (a), stating the underlying cause last.	( 10)_			T NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION (	GIVEN IN PART	lio
ows only injury, or other	IIFICATION	cause (a), stating the underlying cause last.	IE)_ IT CONDITIONS (	CONTRIBUTING TO [	DEATH BUT	T NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY	20b. IF IN CER	GIVEN IN PART YES, WERE FIN RTIFYING CAUS	DINGS USE
s shows ony injury, or other	CERTIFICATION	couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	196 CONDITIONS	CONTRIBUTING TO S DITION FOR WHICH OF INJURY	OPERATIC	ON WAS PERFORMED	200 AUTOPSY	20b. IF IN CER	YES, WERE FIN RTIFYING CAUS YES []	DINGS USE SES OF DEA NO
om 18 shows only injury, or other	CERTIFIC	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b. CONI	CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATIO	ON WAS PERFORMED	200 AUTOPSY	20b. IF IN CER	YES, WERE FIN RTIFYING CAUS YES []	DINGS USE SES OF DEA NO
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brked or Item 18 shows only injury, or afficer	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b CONI	CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION  AY YEAR  19	ON WAS PERFORMED	200 AUTOPSY 1 YES NO RED (ENTER NATURE C	20b. IF IN CER	YES, WERE FIN RTIFYING CAUS YES []	DINGS USE SES OF DEA NO
is morked or flem 18 shows only injury, or affect		Cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPE MEDICAL EXAM 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (1) (this has	19b. CONI	CONTRIBUTING TO S  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, F	OPERATIO  OPERATIO  AY YEAR  19	216 HOW INJURY OCCUR	200 AUTOPSY: YES NO RED (ENTER NATURE C	20b IF IN CER OF INJURY IN ITEM	YES, WERE FINITE CAUSTY YES TO THE PART TO REPART COUNTY	DINGS USE EES OF DEA NO
m 21 is morked or Item 18 shows ony injury, or ameri		Cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (1) (this he saw the deceased alive obove, (1) (we) (did) (die obove, (1) (we) (did) (die	19b. CONDITIONS ( 19b. CONDITIONS ( 19b. TIME HOUR A 10c PLACE (AT HOME S	OF INJURY  A.M. MONTH DA  E OF INJURY  STREET, FACTORY, OFFICE, F	OPERATIO  OPERATIO  AY YEAR  19	211 LOCATION STREET  19  10  11  11  11  12  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	200 AUTOPSY: YES NO RED (ENTER NATURE C	20b IF IN CER OF INJURY IN ITEM	YES, WERE FIN RTIFYING CAUS YES 18 PART LORPART COUNTY	DINGS USES OF DEA
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DHMH - 16 60M 7/84 (VRA 15, 4)

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG.	20 NO.	U	din	7	Chair
					-

		CEASED NAME	FIRST	٨	AIDDLE		LAST		20. DATE O	FDEATH	MONTH I	DAY YEAR	2h HOU	R
	(TYPE	Shaldena Shaldena			Wil	liams		July	/ 28.	1987			M	
	3 SEX					5. DATE C	OF BIRTH		6. AGE IN		THDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
		Female		B1	lack	MONT	1 DA	24		62	YRS	MONTHS	HOURS	MIN.
-		RTHPLACE (STATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8	- D NEV	ER MARRIED	9 BALTIMO	RE CITY C	R COUNTY	OF DEATH		
1		SOUTH CAROL	LINA	l	JSA	WIDOW		DIVORCED [	F	Baltin	ore C	itv		MD.
5	10 CI	TY OR TOWN OF DEA	TH	11. NAME OF H	HOSPITAL, NURSIN		OR OTHER	NSTITUTION	12a USUAL	OCCUPAT	ION	175 KIND C	FBUSINE	SSOR
2		Baltimore		203 N.	. Bethel	Ct.			(Line Or D.W.	KNOWN	P WORKING (IF	(E) INDUSTRY		
1	13a. S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		\$ 13d. INSID	E CITY LIMITS?	13e.STREET	ADDRESS .	ZIP CODE		10	
5			_		DALIO.		YES	NO 🗌		ETHEL	CT.	21231		
	14 FA	JÖHN		HENERY	TEBB	v	15. MOTH	ER'S MAIDEN NA	AWE	ARGO		· <b>T</b> /	EBBY	
2							45						LEDDI	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFO			ADDRI				
Н		NO			N/A		MR.	VERNON	LEBBY	3954	WISL	BY AVEN		
П		18 CAUSE OF DEATH	H (Enter an	ly one cause per	line far (a), (b), and	dichi			175.36		510	BETWEEN	ONSET AND	VAL DEATH
Н				E CAUSE (a)	CARDIO	PULMO	MARY	ALLEST						
				DUE TO, OF	R AS A CONSEQUE	NCE OF								
		Canditions, if any,		(b)_										
Н	1	gove rise to imm couse (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF								
П		underlying cause	last.	(c)										
	z	PART 2. OTHER SIGN	IFICANT (	CONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELA	TED TO THE TERM	AIN AL DISEAS	SE OR CON	DITION GIV	EN IN PART 1	a	
-	CERTIFICATION	19a DATE OF OPERAT	ION	181 CONDI	TION FOR WHICH	ODERATIO	ALIMAS DE	DEOD-15D	1 00 - ALIT	OBCV3	Table IE VEC	S, WERE FINDIN	NOC HOEE	
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1	ERTI	21a. ACCIDENT WAS UND	ERLYING F	7 21b. TIME O	F IN HIRY		21r HOV	V INJURY OCCUR	YES	NO	YE:		NO [	
2		OR CONTRIBUTING C	-	HOUR A.	M. MONTH DA		710.1104	V IIVJORT OCCOR	INLD (ENIERN	ATURE OF INJU	RT IN HEM IS P.	ART ( OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE (		19	211 LOC	ATION						
	ME				EET, FACTORY OFFICE, F.	ARM ETC )		REET		CITY OR TO	WN	COUNTY	S	TATE
Н		AT WORK AT WOR	K			JUN	1	74		UNE 3	0	8.7		<u> </u>
Н	30	220.1 certify that (1) sow the decease	Colles .	A44 - 14	e deceased from	07 1	nd that in /	my) jour apinion	, 10		ate and have		that (I)	
		abave, (1) (we) (d	id) (did no	t view the body	after death.			ту доступринон	Jeani accorn	ed on me d	are and nam			iled
		226. SIGNATURE	, 1	11 Stat	4	1	DEGREE	ATTENDING	MEDICAL	STA	FF /	721 DATE	SIGNED	
		Manu	4/11	1 COST	000)	10	100 100	PHYSICIAN [		PHYSIC	IAN	17/	1/0+	
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		DKAULEY	101		KEL		1000	14.MQ	Lee	77-	Dalt	1119	x bd	01
	23a B	URIAL, CREMATION, I	REMOVAL	23h DATE	07 AA	1 A C	EMETERY	OR CREMATORY	23d LOC	ORIOWN		COUNTY	5	A KA
	24 EI	JNERAL DIRECTOR	)	10-1-	01 111	U. MY	Dur	1 cm.	TE DECIDIONAL	AILO	1 DECICY	RAR'S SIGNAT	Line	KIU
	Wm	NAME	F/H	1101 F	. North	lve		JUL	3 6 198	COSTRAR	230. NEGISII	VAK 3 316 NAT	UKE	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT II III

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medica

at ande.

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STATE OF MARYLAND

1-	STATE REGISTRAR			DEPARTM		EALTH AND MENTAL H	HYGIEN	NE	REGINO.	) 2	7	3
	CEASED NAME OR PRINT)	FIRST	N	AIDDLE		AST	20	a. DATE OF D	DEATH MONTH		YEAR	2b HOUR
(1117)	ORPRINTS	Dorot	hy	Rose	Wi	llis			7	8	87	8:40AM <sub>M</sub>
3. SE)	(		4. RACE		5. DATE C	TE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)					NDER I YEAR	
	Female		White	9	8°NTH	1°4 1897	7	89	HOURS MIN.			
7a. Bi	RTHPLACE (STATE O	r FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. 9. BALTIMORE CITY OR CO					UNTY OF	DEATH	-
	Maryland		U.S.A	Α.	WIDOWE	DI NEVER MARRIED		Balt	imore (	City		MD.
10. CI	TY OR TOWN OF DE	EATH			G HOME C	R OTHER INSTITUTION	12	2a. USUAL O	CCUPATION	1	2b. KIND	OF BUSINESS OR
В	altimore		Merid	ian Long	Green	Nursing Ho	ome (	Librar	or most of work	ING LIFE)	noch	Pratt
13a S	at RESIDENCE (IF NU STATE aryland	136 COUN		GIVE RESIDENCE BEFORE  130. CITY OR TOWN  Baltimo	N	130. INSIDE CITY LIMITS			odress/zip		id 21	212
14. FA	THER'S NAME					15. MOTHER'S MAIDEN	NAME		odan -			- 1
	Richard		H.D.	Willis	3	Rose			E.			nohue
	VAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT		1	ADDRESS B	elair	, Md	
(	(ES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	219-22-1	.417	Victoria F1	lani	gan 22	27 Crock	ker I	r. 2	1014
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ERT	21a. ACCIDENT WAS U	NOERLYING [	21b. TIME O	FINJURY		21c. HOW INJURY OCC	CURRED		RE OF INITIARY IN ITE	YES [	OR PART 21	но 🗌
	OR CONTRIBUTING		In .	M. MONTH DA				(2				
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		sed alive an	(a) attended the	19 8		nd that in (m) (our) opini		to	on the date on	, 19_ d haur on		
	226. SIGNATURE 226. PHYS. CJAN'S N	m h	1. Ba	wiem	0	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	IG N	MEDICAL DIRECTOR	STAFF PHYSICIAN [		7/	8/87
	V	W. Bow					T <sub>d</sub> J	Univer	rsity Pl	le v.vv		
230 0	URIAL, CREMATION		236, DATE	192. A	IAME OF C	EMETERY OR CREMATOR		23d LOCAT		wy •		
(3a. E	SPECIFY) Cremation		7-10-		reen			CITY OF	nore Ci		YTMU	Maryland
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME 2b HOUR OF ESTI-FRANCIS Х. DEATH MATED WITES 7-17-879 4 HACE IF UNDER TYR. 5. DATE OF BIRTH 6. AGE (IN YEARS) IE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOLINCED 63 YRS Male White Oct 23, 1923 DEAD B: 42P 7-17-8719 A BIRTHPLACE INIATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland DIVORCED Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 5401 Loch Raven Blvd (on parking lot) Catholic Pries AL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Rosedale FATHER'S NAME 15 MOTHER'S MAIDEN NAME George Vincent Wills Barbara Bergmann IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS EYES, NO. OR UNKNOWNS 219-18-9872 Mr. Richard J. Wills 8115 Callo Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 USED AS A E OF HEALTH / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE CHARACTER PAGE 3 SHOULD BE USE YES NO Q 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION AT WORK AT NOT WHILE CITY OF TOWN COUNTY STATE Matthew's Parking Lot Inspection X PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22s. I certify that I took Autapsy and in my apinion death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 7-18-87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM John E. Smialek, M.D. (TYPE OR PRINT) 234 LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 7/22/87 Burial New Cathedral Cemetery 07/84 Baltimore 24 FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc. 5305 Harford Road 21214

(VR A15 ME (5))

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## 61463 JUL 30 PT STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1403	JUL 3	)EC	EASED NAME	FIRST		۸	MIDDLE		LA	sř		3	OF	ECTI.	MONTH	DAY YEAR	2h HOUR
2000				GEO	RGE			0.			WILS		DEATH	MATED	□7 <b>-</b> 18-		M
<b>新たまる</b>		1. SEX	4 R	ACE	5 DATE O	FBIRTH	YEAR	6 AGE (IN YEAR			IF UNDER		2c. DATE	ICED	MONTH	DAY YEAR	78 1100K
27.00 PM		MAI		BLACK	12	2	97	89 YRS	1110111110	DATS	HOOKS	- 1	DEAD		7-18		9:10A
A A A A A	25	o. BIF	THPLACE (STATE	OR .	76 CITIZET	OF WHA	T COUN	TRY?	MARRIED	□ NEV	ER MARR	IED 🛚			_	TY OF DEATH	
2532	50		MD		USA	A			WIDOWED	-	DIVORC	ED 🔲			e Cit		MD
PAGE	20		Baltimor					ISING HOME,	OR OTHER	INSTITUT	NOI	FORA	NKNOW	KING LIFE)	PE OF WORK	0R INDUS	
ANY D AND 3 RETAIN HOULD	25	U UA LL ST	L RESIDENCE (IF IN ATE MD	13b COUN			13c. CITY	BEFORE ADMISSION OR TOWN TIMORE	13	Id. INSIDECI YES 💢	TY LIMITS?		EET ADDRE		WAY S	2121 TREET	13
EATH EST 2.	0	14. FA	THER'S NAME FIRST	UN	MIDDLE		ı	AST	1	5. MOTHE	R'S MAIDE	EN NAME	UNKN	OWN		LAST	
DU SON			AS DECEASED EV	ER IN U.S. AR			166. SOC	IAL SECURITY	NO. 17	. INFORM	TMANT			ADDRES	S		
NAME OF THE PERSON OF THE PERS			YES	AR		504	220-	-20-511	7	MR.	JERRY	ASB	OURNE	1623	8 N. B	ROADWAY	ST.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			18 CAUSE OF DE PART I DEATH	WAS CAUSE	ly ane cause D BY: TE CAUSE (c	nrt	r(a), (b),	and (c).) osclero	tic c	ardi	ovaso	cular	dise	ase	16.7	BETWEEN ONS	TE INTERVAL ET AND DEATH
UTED W IN PEN EXAMI	TION, OR REMOVAL		gave rise cause (a) star lying cause lo		(t)	TO, OR AS	S A CON	SEQUENCE O	F								
S SSS	₹ <b>1</b>	NO	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	FNOT RELAT	TEO TO THE TERMIN	IAL DISEASE O	R CONDITION	I GIVEN IN PA	RT 1.(q).					
TAL TOUI	CAL	CERTIFICATION	19a. DATE OF OP	ERATION	196.	CONDITIC	ON FOR V	VHICH OPERA	TION WAS	PERFOR/	MED?	34		χö		20 AUTOPS	NO [X
IFICATE SH THE WOR TO THE CH TOULD BE U			21a. EXTERNAL C UNDERLYING CONTRIBUTING	OR	HC	TIME OF IN OUR A.M. A P.M.		DAY YEAR	žīt. HOV	V INJURY	OCCURRE	D (ENTER	NATURE OF HUJ	URY IN ITEM 1	8 PART 1 OR PAI	RT 2)	Z ()
DIVISION HIS CERTIFIC WRITING TH VARDED TO AGE 3 SHOU	21201 PR	MEDICAL	21d. INJURY OCC WHILE N AT WORK A	URRED OT WHILE I WORK		PLACE OF			21f LOCA				CITY OR TOV	VN	cou	UNTY	STATE
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TO MEDICAL E EXECUTE THE PAGE A SHOU TO FUNERAL IT	LAIMORE	١	EXAMINER'S NAI	Jo	Hh E.	Smia	lek,		<b>1)</b> M.D	ODRESS_			Stree		SIGNE	D	
7/84 BP	88	(5)	RIAL, CREMATION		7/30/8	87	23c. N	ARRISON	FORI	EST V	Ά.	Cit	WINGS				STA MD
DHMH - (VR A15 ME			MERAL DIRECTOR		L HOMI	Eadres (	1 E.	NORTH	AVENU		III 3	REC'D. BY	REGISTRAL	R 256 REC	SISTRAR'S S	GNATURE Pandare	

STATE OF MARYLAND

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DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
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		REGISTRAR		CERTIFI	CATE OF DEATH	8	REG. NO	2 3	2 9	Ö
	11194	GERTR	ude O.	VAS	Vilson	26. DA1		7 10	YEAR   26	HOURS
	3. SE	F	RACE B	5. DATE OF	BIRTH YAY	6 AGE	(IN YEARS LAST BIRTH	YRS.		UNDER 24 HRS
1	-	COLUMN CALLES CALLES	CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	3 B	ALT. C	COUNTY OF E	DEATH	MD.
	10 CI	3ALTO	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH SALTO			(TYPE)OI	UAL OCCUPATION FWORK FOR MOST OF	WORKING LIFE) IN	Ib. KIND OF B	BUSINESS OR
		AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT		CZ	3d. INSIDE CITY LIMITS		523	ZIP CONE. C	AThe	ST ST
1	FA FA	ALFRED	STANIE	Y	5. MOTHER'S MAIDEN	lver+	AIDDLE		MER	VILLE
	16e. V	VAS DECEASED EVER IN U.S. ARM ESTINOS UNINNOWN; (# 161. GH)	ED FORCEST 166 SOCIAL SECU 218096	1990 1990	DORICE	Mill	ADDRES	080 G	adle	Pock WAL
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		SEF	2515		0		BETWEEN ONS	SET AND DEATH
177	z	Conditions, if any, which gave rise to immediate course (a), starting the underlying course last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  ONDITIONS CONTRIBUTING TO D	ENCE OF	TOT RELATED TO THE T		SEASE OR COND	ITION GIVEN IN	N PART Ito	
1	CERTIFICATION	14s DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a YES	AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	CAUSES OF	
5	1590	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCC	CURRED (EN	IER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	214 INJURY OCCURRED  WHILE WORK AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOW		COUNTY	STATE
		22a.1 certify that 1 (this haspital saw the deceased alive an abave (we) (did) (did)	July 10 19		that in (my) (aur) apin	ian death ac	curred on the do		from the cau	
		774 PHYSICIAN'S NAME (TYPE OR	en of m		ATTENDINI PHYSICIAI 72e ADDRESS	G MEDI	CAL STAFF	2	7 . /	10.87
		P. BAH.	BERD JA						Ay	
		Burial Cremation, REMOVAL (SPECIFY) Burial	7-15-87		METERY OR CREMATO	eterv	Anne Ar	udel C	O.	STATE Md.
	24. Ft	UNERAL DIRECTOR	me 1101 E ADDROGE	th Ave	25a.	DATE REC'D.	BY REGISTRAR 2	Sb. REGISTRAR'	SSIGNATUR	E CONTRACIONA

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR, After this certificate shaped to use on the bump-transit and the Stone Dept. of Health and Mental Myg.

May have been a

Se Could of Libert

HE LE BUS

death certificate pe

completely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours after death

oges

	1			STAT	E OF MARYLAND				,
	1.	FOR - STATE			EALTH AND MENTAL HYG	IENE	0 2	9 8	3
1	0.7	REGISTRAR		CERTIF	ICATE OF DEATH	REGER	0.		
L 16		CEASED NAME FIRST HE	len MIDDLE		LAST Wilson	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(1176	Helen	n Eli	izabeth 1	Jilson		7 12	87	13:06 M
	3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		and a supplied to	IF UNDER 24 HRS
		Female	White	MONT	1 04 176	70	YRS.		HOURS MIN.
21		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT O	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	-	ATH	
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	WIDOWS	DR OTHER INSTITUTION	12a. USUAL OCCUPATI	0	KIND OF	BUSINESS OR
notifie	Ba	Stimore	Francis Schracium	y, GIVE STREET ADDRESSI	Medical Center	Retired	E WORKING HEET INC	DESTRY	ework
1	13a S	ÄLRESIDENCE (IF NURSING HOME OR STATE Md.	OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSIÓN) IV OF TOWN LUTUMORE	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		1224	
nine	14 FA	ATHER'S NAME	WIDDLE	LAGE	15. MOTHER'S MAIDEN NA	ME		LAST	
(		Alexander	Dar	vid	Mary	MiDDEE	Breck	5	
ico /		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SC	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
Jec		No Tes, Ida No.	210	8-07-4004	Luther B. Wi	Ison 410 Ka		_	
1		IB CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for	10), (b), and (c).)	1	1		APPROXIMA	ATE INTERVAL NSET AND DEATH
7				piratory	and cardia	c arrest			
5			DUE TO, OR AS A	CONSEQUENCE OF					
20		Conditions, if any, which	( 1b) Se	epsis.					
other t		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF					
y, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART Ira	
2	CERTIFICATION	Multi-interest	Domentia	, EUA, LO	att careboova	scular acced	gust, rear	reset	UTID.
oud	3	190. DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE		
3	E .				See Property and the	YES NOT	YES 🗌		NO 🗌
80		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1 216. TIME OF INJUR	RY ONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR	PART 2)	
Ten /	S S	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
ope	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
a a a		22a. I certify that (I) (this hospit		-16	10		10		
Si		sow the deceased olive an			nd that in (my) (our) apinion (	death occurred on the de	ote and hour and fi		not (I) (we) last
E 5		abave, (1) (we) (did) (did na	t) view the body ofter de	eath	DEGREE			DATESI	
<u>*</u> =		CHAIS.	Mittel	mD	ATTENDING PHYSICIAN	MEDICAL STAF	F	7/12	187
TAY	1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	AA	22e ADDRESS	2	- /1	-/	
MPORTAN		Clifford	S. Mitche	ekk	4940 Easter	n Avenue	Baldin	nore,	170 21220
≥	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			,,,,,,
	. '	(SPECIFY) Burial	7-16-87	Oak Lo	own (emetery	Eastwood	l. Balto.	0. M	Z. STATE
7/84	24 FL	UNERAL DIRECTOR	1	ADDRESS		E REC'D BY REGISTRAR	256 REGISTRAR'S	SIGNATU	RE-
	Ch	arles S. Zeiler	& Son Inc.	6224 East	enn Ave. JUI	T 7 2 1881	Julia Dan	doni	andalle

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 60M 7/84

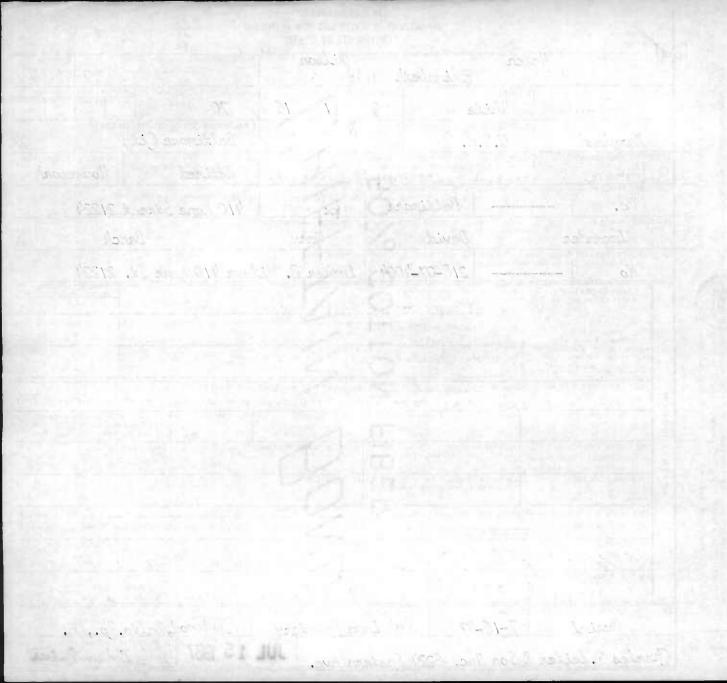
TO FUNERAL DIRECTOR: After this certificate hos been signed by the otters should be detached for use as the burial-transit permit. Then please remave with the State Dept. of Heolth and Mental Hygiene prior ta burial, crematial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

BP.

(VRA 15, 4)



	DEPARTA	NENT OF HEA	F MARYLAND LTH AND MENTAL ATE OF DEATH	HYGIENE 8	/ RE	G. NO	0	2 9	ų.
	MIDDLE	LAST		20 DA	ATE OF DEA	TH MON	TH DAY	YEAR	26 HOUR
	CÓ	WI	"LSON			7	21	87	440
1 RACE	3 lack	5. DATE OF	BIRTH DAY YEAR 1 - 32	6 AGI	JINYEARS L	1		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
76. CITIZEN C	VSA	MARRIED WIDOWED	NEVER MARRIED  DIVORCED	9 BAL	TIMORE C	ITY OR CO	OYTNU	FDEATH	W
Cit	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET	edi Ca	l Center		SUAL OCCI OF WORK FOR /			126. KIND O INDUSTRY	F BUSINESS OR
OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE 134 CITY OR TOW BOLLING	N - 113	d. INSIDE CITY LIMIT	13e ST	REET ADDR	ESS / ZIP	CODE	cello	Rd
MIDDLE	Wilso	n	France	NAME	يخ الم	DLE	W	illia	ms
MED FORCES E WAR OR DATES 1955		RITY NO.	Addie U	Jilson	4.	301 /	Non	ticell	o Rd
ly ane cause of D BY E CAUSE (a)	per line far jai, (b), and		Cereting	ane.	r			APPROXE BETWEEN (	MATE INTERVAL ONSET AND DEATH
(6)		Dice of	evel,	Lem	den	e.			
CONDITIONS	CONTRIBUTING TO		OT RELATED TO THE		ISEASE OR	CONDITIO	ON GIVEN		
196 CON	NDITION FOR WHICH	OPERATION '	WAS PERFORMED	20a	AUTOPSY?			WERE FINDIN	

18 CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR A Canditions, if any, which (b)\_\_\_ gave rise to immediate cause (a), stating the DUE TO, OR A underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS COM

196 CONDITI

FAILURS: DYALISES YES

NO [

COUNTY

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 216 INJURY OCCURRED 21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

AT HOME STREET FACTORY, OFFICE FARM, ETC ) AT WORK NOT WHILE 22s I certify that (1) (this hospital) attended

above, (I) (we) (did) (did not) view the body after death

211 LOCATION CITY OR TOWN

27h SIGNATURE

DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MEDICAL STAFF

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

726 PHTSHEHAMSSTAXE IN OFFI CORRED 236. DATE

LIBERTY

MEDIEN

Dr_	_		_	
DHMH -	16	60M	7/84	

DD

D FUNERAL D rould be defor of the Stote D

(VRA 15, 4)

MPORTANT

CERTIFICATION

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR BECEASED NAME

(TYPE OR PRINT)

70 BIRTHPLACE

ONALD

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION G 136 COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

OR TOWN OF DEATH

(YES, NO OR UNKNOWN)

MIDDLE

(IF YES, GIVE WAR OR DATES)

page 3

234 NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

STATE

JUL 22 967 Jul 22 400

	- 1				STAT	E OF MARYLAND			
		1.	FOR STATE	DEPART		EALTH AND MENTAL HYGI	ENE	030	1
		·	REGISTRAR		-	ICATE OF DEATH	REG. NO.	0 0 0	
			CEASED NAME FIRST	1 Mor Timera	ell	150n)	20. DATE OF DEATH MONT	H DAY YEAR 21	b HOUR
0 5 7 0	HR		10113	Const	1-00	con	7	15 87 1	250 AM
ក ប ្ខេង	JUL	24	01	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
ector rs of		18	+	В	MONTH	12 87		YRS. 3	MIN.
2 52	27		RTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH	
draw or the	D	l '	M O	USA	WIDOWE		Balt		MD.
9 34	るで	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	KING LIFE) INDUSTRY	BUSINESS OR
t # 5	5X	100	Ball	(IF NOT IN SUCH FACILITY GIVE STREET	ADDRESS)	1001	(TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTRY	
op up a	3	USU	L RESIDENCE (IF NURSING HOME OF CATE						
2 43	<b>\$</b>		TATE 136 COUN	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	~ 1	201
1 1	2	1	THER'S NAME	11 3411		15 MOTHER'S MAIDEN NAM			
1 D	<i>P</i> (7)		FIRST	AIDDLE		FIRST	WIDDLE	E (AST	
4	B	16a V	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS	1 416	
	4/	(		WAR OR DATES)		Helen Parne	11 1243 W	Lombar	1212
1 20	2	=	No	1	4	meler tarre	-11 12 10 707		ATE INTERVAL SET AND DEATH
1 30	li i	10	PART I. DEATH WAS CAUSED		-P-1	A	+		SEI AND DEATH
000	8		IMMEDIATI		100	man min			17.00
e cor	mat		C- 181 - 1 - 111	DUE TO, ORAS A CONSEQUE		-1.2			
y the otten y cremove c cremotion,	trai		Conditions, if ony, which gove rise to immediate	(p) 1 10 1.	100 11	12 . W. 121.			
y th	ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	16 6	Hadre	0 -3	Aur i
es tho ned b pleas urial,	or o		BART 2 OTHER CICALIFICANT C	ONDITIONS CONTRIBUTING TO I	CATH BUT	100-10 W-14	MCMONDAY	N GIVEN IN PART 10	
sign hen to bu	jury	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	IVAL DISEASE OR CONDITIO	IN GIVEN IN PART 110.	
been briar I	ony in	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING	S USED
× e e	5 000	5					YES NOW IN	CERTIFYING CAUSES OF	F DEATH?
YSICIAN: The fing physicion s certificate he puriol-fronsit p	og -	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT		140 📋
SICIAN: T ng physici certificate riol-tronsi	E		OR CONTRIBUTING CAUSE OF DEAT						
IYSICIA ding ph is certifi buriol-t Mentol	or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	ZII LOCATION			
G PH offer the	o o	¥	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
Afte as	nork		AT WORK AT WORK	of ottended the deceased from_	711	7- 19 87	2115	19 87 the	ot(1) (we) lost
THE OR	5		· ·		-	nd that in (my) (our) opinion d	leoth occurred on the date or		
OR ATTE e haspita DIRECTO sched far Dept. of h	E 2	H	sow the deceased alive on above (1) (we) (did) (did not 27b SIGNATURE	) view the body ofter deoth.		DEGREE		226. DATE SIG	
£ 0	H He	100	9 - 9	D. On or		ATTENDING	MEDICAL STAFF	_/	
- 0 0	MPORTANT		22d. PHYSICIAN'S NAME (TYPE OF	J. Command M. M. C.		PHYSICIAN	DIRECTOR   PHYSICIAN	<u> </u>	
HOSP HON Hold b	DRT.			0	0	2. 0	0 10	11 000	2.2-1
TO HOSP retained TO FUNE should be with the S	N N		Michael	120206- 14	117	177-20	- Los 24 F	DU 14 1210	TITC
		73a. 8	URIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	DUNDALK	COUNTY	MD <sup>e</sup>
BP	- 4	24.5	BURTAL.	/ 20 07 EA	21 A TE	W MEMORIAL PK		PECISTO ANIS CICALIA	
DHMH - 16 60M			JNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATUR	(t
(VRA 15, 4	)	MA	RCH FUNERAL HOM	ES, INC. 1101	E. NO	RTH AVE.	2 2 1007 1	. Timber Du	dass

1 -	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	2 7	.c. 20 3	0 1	
2.1	ASED NAME	ANN.		NIDDLE	V	INEF	2	20. DATE OF DEA	JULY 14	1987 6	HOUR AM.
3. SE	FEMALE	4.	RACE H	ITE	S. DATE O	F BIRTH  DAY  - Q5	1886	6 AGE (IN YEARS L	YRS	THS DAYS HO	INDER 24 HRS. URS MIN.
LI	RTHPLACE (STATE OR FO		USA		WIDOWE	DXX D	MARRIED	Balto	C +		MD.
Bo	ito CH	V	Levind	CO I CO	EW HO		TITUTION	120 USUAL OCCU	MOST OF WORKING LIFE	126. KIND OF BU INDUSTRY AT	HOME
13a. S	AL RESIDENCE (IF NURSI	186 COUNT		Balto		YES 🗗	NO [	130 STREET ADDR	RESS / ZIP CODE	ABKe DRe	21231
4. FA	THER'S NAME FIRST	SAAC	DDLE	LAST L	EVIN			IGA MID	DENA		ISTER
	VAS DECEASED EVER VES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	217 32	9631	17 INFORM		RICE OFFI ORTH DR.		SUITE MD 212	
CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT	which dedicte g the last.	BY: CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)  DIDITIONS CO	PNE ( R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	FA	224			IN PART TO	WSED USED
MEDICAL CERTIF	218. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY AT WORK NOTIFY AL WOO' 220. Certify that (1) saw the decease obove, (1) (we) (c 22b. SIGNATURE	AUSE OF DEATH ALEXAMINER) RED LE (this hospitoled alive an	P. 21e. PLACE (AT HOME, STI	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC) 12 27, of	211 LOCAT STREE	10N 	to , to death occurred on	OF INJURY IN ITEM 18 PART Y OR TOWN  the date and haur ar	COUNTY	

ofter 2 ly filled in by the funeral should be filed within 72 medico iding physicion and arbandonpapers. Page other traumatic en signed by the atend Then pleased epide co or to burial, cremotion, o prior should be detoched for use as the burial-transit permit. TO FUNERAL DIRECTOR: After this certificate has been shov 00 Hem 5 m 21 is hospital MPORTANT

3. SEX

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

BURIAL

230. BURIAL, CREMATION, REMOVAL JULY16,1987

24W-W, N.

23c NAME OF CEMETERY OR CREMATORY WORKMEN CIRCLE

23d. LOCATION BALTIMORE

MARYLÄND

SOL LEVINSON & BROS., INC. STOWN RD. BALTO., MD 212 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. 21215

23b. DATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	= 30	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 87	20302
05	985900	(HAR	RUBY	WIDDLE	WINKLER	JULY 14, 1987	DAY YEAR   26. HOUR   12: 10PM
PAIN	oge 4 ma	3. SE	F	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  SO YRS	
	death. P	50	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN BALTIMORE CITY 12g. USUAL OCCUPATION	MD.
201	by the	5 B	ALTIMORE	THE JOHNS HOPK	INS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
MARYLAND 21201	rin 24 ho	130.	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW	YES NO [	13e STREET ADDRESS / ZIP CO	Selfor Aye
	ompletel	2	JOHN )	Robert DA	15. MOTHER'S MAIDEN NA	MAR	Cunceberm
BALTIMORE,	on ond s. Poges e medico		WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 2/2:34	17 INFORMANT 1-042 MRS J	ACKSON 343	
ST.,	g physicia onpopers: emavol.		PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), and ED BY: TE CAUSE (a)	in Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON	es that the death ce ned by the ottendin please remove carb ural, cremation, arr		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	a lauprant	Concer	1 hour
	been sign brian to b	CATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
VITALRE	N: The I. yssicion. cote has consit per Hygiene (8 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCUR		TIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS,	3 PHYS er this c the bur and Me	MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE	AID	19 211. LOCATION	CITY OR TOWN	COUNTY STATE
ia	TTENDIN pital or STOR: Aft for use as of Health		saw the deceased alive on	ottended the deceased from	7/14, 19 8 97, and that in (my) (our) opinion	L. to 7/14 death occurred on the date and h	aur and from the couses stated
	SPITAL OR A d by the hos NERAL DIREC be detached e State Dept.		22b SIGNATURE	52.9 Ldk	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	721. DATE SIGNED
	TO HOSPITAL retained by the TO FUNERAL is should be deto with the State is important; if	(33)	22d. PHYSICIAN'S NAME (TYPE OF	R. Holla	120 ADDRESS 600 Ws	Fe. St. Bulto	more MO ZIZOS
	BP	-	BURIAL/CREMATION, REMOVAL (SPECIES)	7/17/87 E	ASTVICE CEMATORY	23d LOCATION  CON OR TOWN  A PARTY OF THE PROPERTY OF THE PARTY OF THE	COUNTY MSTO.
2	DHMH - 16 60M 7/84 (VRA 15, 4)		BUTTS -41	recal Homes	129 N. CAROLIN JUI	E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 0 3 U

	52 J	UL	29	PRINT)	Henry		BIDDIE	Woffor	ď	20. DATE KNOWN OF ESTI-		DAY YEAR 25/19 87	2b. HOUR
	ARY, PLEA N, DIRECTO YOUR FILE N, 72 HOUS STON STREE	4	ma	le bl	ack	5 DATE OF BIRTH MONTH DAY  10 31  7b. CITIZEN OF WH	1925 61 Y	RS.	HOURS MIN	PRONOUNCED DEAD	7/ 2	5// 1987	HOUR P M
	E PUNER FUNER FO. WITH	/	FOR	S.C.	ATH	U S A	PITAL, NURSING HOME	WIDOWED [	DIVORCED UTION 12a	Baltimor	ce City	7 , RE KIND OF BU	
11	DELA DELE				URSING HOME OF	2421 Lal	LILITY, GIVE STREET ADDRESS)  CEVIEW AVE.  E RESIDENCE BEFORE ADMISSI			Disabled		OR INDUSTR	lY
AD. 2120	A AND STAND	2	13a ST	Md THER'S NAME	13b. COUNT		Baltimore	YES 🐔	HER'S MAIDEN N	2421 Lakevi			.217
MORE, A	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	16a. W	arion  AS DECEASED EVE			Wofford,		NIE RMANT	ADDRES		Mi TTer	
BALTI	IRS AFTER S. GIVE P. WITH FO I. PAGES DIVISION	/	( VE	NO NO CAUSE OF DEA		var OR DATES)  y ane cause per line	247-24-330	3 Ann	ie Powel	1 2421 La	keview	Avenue	
DS, 201 W. PRESTON	RECITED WITHIN 24 HR IG. IN PRINCIL IN ITEM ALE SYMMER ALONG THE MANUEL PERM AND MENTAL HYGIEN ATION OF REMOVAL.			Conditions, if gave rise to couse (a) statin lying cause las:	any, which immediate g the under-	E CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A	Arteric  AS A CONSEQUENCE (  AS A CONSEQUENCE (  UT NOT RELATED TO THE TERM	OF OF		vascular Dise	ease		
VITANTED	ATE SHALLE BY WORD SHALL SHEET HERDING HEALTH TO BEALTH	2	MEDICAL CERTIFICATION	190. DATE OF OPER		19b. CONDIT	ON FOR WHICH OPER			NTER NATURE OF INJURY IN ITEM 1	G SART LONGARY	20 AUTOPSY?	NO KIK
DIVISION OF	THIS CERTIFICATION WARDED TO THE WARDED TO THE PAGE 3 SHOULD TATE DEPARTME		MEDICAL CI	UNDERLYING CONTRIBUTING 21d. INJURY OCCUPATIVE NO AT WORK AT 1	OR CAUSE OF D	HOUR A.M. EATH P.M.  21e PLACE O	MONTH DAY YEAR  19 FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LOCATION STREET	TOCCURRED I	CITY OR TOWN	COUN		STATE
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE ST BALLTIMORE, MARYLAND, 2				I took charge	7.7	ribed abave, held an Accident , Su	TITLE	(SPECIFY)	, Inquiry , and a ndetermined manner	nd in my apin		6/87
	AGE 4 SH O FUNER O FUNER ALTIMORI	1		EXAMINER'S NAME (TYPE OR PRINT)	Md.		. Korell, M	i.D. ADDRESS		lll Penn St.	3.3.12		
07/84 25M	BP		24 FL	Burial NERAL DIRECTOR NAME  MANAGE  RIAL, CREMATION, BURIAL NAME  MANAGE  MANA		7/30/87		w Cemeter	y	Baltimore  By REGISTRAR 256 REG	COUNTY	N	ATE AD

### STATE OF MARYLAND

	1 -	FOR STATE EGISTRAR	DEPART		EALTH AND MENTAL HYGI	IENE S	0 3	0 4	
	(TYPE	EASED NAME GLADY	S I.	MQ	HL HL	г	7 - 18	-87 245 245 245 4	м
3	3. SEX	FEMALE	CITIZEN OF WHAT COUNTRY	Ju.	DAY YEAR	6. AGE (IN YEARS LAST BIRTH  84  9 BALTIMORE CITY OR	YRS.		_
5	BÍ	uefield W.V.	USA NAME OF HOSPITAL, NURSI	MARRIEI WIDOWE	D T DIVORCED	Balti 120 USUAL OCCUPATIO	more C	City /	MD.
6	USUA 13a S	LI RESIDENCE (IF NURSING HOME OR OTHE TATE 136 COUNTY	ER INSTITUTION GIVE REVENCE BEFOR	bediers		Housewi  13e.STREET ADDRESS /	fe	NDUSTRY	_
400		THER'S NAME	DLE LAST		YES NO D	3915 W. C	old Sp	oring Ave.	
<u>C.</u>	16a W	Arthur VAS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN) (16 YES, GIVE WAI	0.000	URITY NO.	Mary INFORMANT  Mr. John E	E. Luc	5	minster, M	
		18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE CA	ne cause per line for (a), (b), o	nd (cs)	ATORY ARRE		West	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	_
		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	DIAC A	PRRHYTHMIA -		NOLLATION	ye ARS	
	Ę	couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CON	107	10SCLE	NOT RELATED TO THE TERM			YEARS.	=
-	CERTIFICATION	HYPERTENSIV	18 DISEASE.			20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?	
9		210, ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CANSE PAREATH	216 TIME OF INJURY HOUR A.M. MONTH D		21c HOW INJURY OCCURR	YES NO P	YES T	ORPARI 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMÍNER)  21d. INJURY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK AT WORK	P.M. VCH	FARM, ETC )	211. LOCATION STREET N/A	CITY OR TOW	/N	COUNTY STATE	
		220.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did nat) vie	17-18-19-	60	nd that in (my) (aur) apinian c	death occurred an the da			
		226. SIGNATURE Drus of	Entland		DEGREE ATTENDING PHYSIQIAN	MEDICAL STAF	AN D	7-14-87	
1			MOLFINO		2600 A 5	g Rd.	altine	Md. 21215	_
	Í	JURIAL, CREMATION, REMOVAL 2. SPECIFY) SUrial JNERAL DIRECTOR	7/21/87	Mead	emetery or crematory  owridge Mem  1250. Dati	236 LOCATION CITY OF TOWN HOWS	rd CO	Md STATE	_
34		Eline Funeral	Home Reist	ersto	wn, Md. JU	L 20 1987		vidson. Pandage	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the a should be detached for use as the burial-transit permit. Then please retitor with the State Dept. of Health and Mental Hygiene prior to burial, crimmal

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

the funeral director, page 3 within 72 hours after death

#### STATE OF MARYLAND

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REG NO	0			

3. 5	YPE (	EASED NAME OR PRINT)	FIRST					REG N	0.		
	CEY				MIDDLE	L.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	CEV		MARGA	RET		WOI	F	July 2, 19	987		
- 407	SEA			RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
		emale		White		Octo	ber 24, 1907	79	YRS	NTHS DAYS	HOURS MIN
64	C	THPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C	-17		
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2		altimore		(IF NOT IN SU	Wilke Ave	ADDRESS)	K OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	F 803114E33 O
Jus.	UA	L RESIDENCE (IF NURSIN	IG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				100	
Special Control		aryland	13b. COUNTY	And the same of the same	Baltimor		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 4108 Will		2120	06
14.	FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
7		William	MI	DDLE	Cree]		FIRST	MIDDLE		LAS	
160	W	AS DECEASED EVER II	NIIS ARAA	D FORCES?	16b. SOCIAL SECU		Margaret 17. INFORMANT	ADDR	55	De	ee
		ES, NO OR UNKNOWN)	(IF YES, GIVE V		220-12-9		Mrs. Charlo			me as	#13e
	7	18 CAUSE OF DEATH PART I. DEATH WA	(Enter noly	500 CTUCO DO				777			MATE INTERVAL
NOI			ediate the lost. IFICANT CO	DUE TO, O	R AS A CONSEQUE	ve h	eart failur	Fibrosis	DITION GIVEN	IN PART 110	
CERTIFICATION		19a DATE OF OPERATI	00	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
-0.0		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL		21d INJURY OCCURRE	E $\square$		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		22a I certify that (I) ( sow the deceased above, (I) (we) (di					d that in (my) (aur) apinion (	, to death occurred on the d			that (I) (we) la
		obove, (I) (we) (di 22b, SIGNATURE	d) (did not)	view the body	ofter death.		DEGREE			22c DATE	
1		MCIA	2	0.5	) . m	0	ATTENDING	MEDICAL STA	FF CIAN []	7-	3-87
	1	22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT)	0		22e ADDRESS				3 /
		Maria (	C. Dia	z, M.D			413 Easte	rn Ave.			
230		URIAL, CREMATION, R Burial			230 1		emetery or crematory of Faith	23d LOCATION CITY OR TOWN Baltime	ore. Ma	rvland	STATE
24	FU	NERAL DIRECTOR	nd T	Duole	Inc. Bal		25e. DAT	6 1987	25b. REGISTRA	R'S SIGNAT	URE

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yy be oge 3 death		CELIOLD LALDAIL	HIRL	RLEY MIDDLE WO			X.F	20. DATE OF DEATH	7- 45	-87-	LI 55 DM
ge 4 moy be ectar. page rs after deal	3. SEX Female			Cauca	sian	s. date of Birth  May 7, 1930		6. AGE (IN YEARS LAST BIRTHDAY)  57 yrs. yrs.			IF UNDER 24 HRS HOURS MIN
neral dire	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.			76. CITIZEN OF WHAT COUNTRY? USA		MARRIED NEVER MARRIED WIDOWED NOVED		Baltimore City or County o			
s after dec	2011	TY OR TOWN OF DEATH	1	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE GOOD Samarita				12g USUAL OCCUPATI LITYPE OF WORK FOR MOST O Cashier	ON	12b. KIND OF	Business or Baker
filled in could be filled in	USU 130 MC	AL RESIDENCE (IF NURSING	B HOME OR C		Balto.	admission) N	13d. INSIDE CITY LIMITS?	3727 Rave	zip code enwood	21. Aven	213 ue
onted within		THER'S NAME FIRST William		MDDLE	Baucher  166 SOCIAL SECURITY NO.		IS. MOTHER'S MAIDEN NA LÕTA	MIDDLE		Well:	34
BALTIMORE, cote be execut ysicion and coppers. Pages you.	- {		CEASED EVER IN U.S. ARMED FORCES? RUNKNOWN] (IF YES, GIVE WAR OR DATES)		217-26-		Barbara Hu				Drive  ATE INTERVAL  ISET AND DEATH
not the death certification of the action of the ottending phase remove carbonp is, cremation, or remonther traumatic ever	MEDICAL CERTIFICATION	Conditions, if ony, v gove rise to immed couse (a), stating	MEDIATE	DUE TO, O	VESA	NCE OF NO N	TORY ARI				
RECORDS, 2D1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO BREAT STASTS  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES 1 NO 1								F DEATH?	
DIVISION OF VITAL ING PHYSICIAN Viter this certificate is os the build from I th and Mental Hypere th and Mental Hypere orked or term (8 sho		2 To ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 2 TO LIVE OF CONTRIBUTION OF WHILE AT WORK AT WORK	JSE OF DEAT EXAMINER)	P. 21e PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY REET, FACTORY, OFFICE, F.	19	211 LOCATION STREET	YES NO	RY IN ITEM 18 PAR		STATE
ATTENDING aspiral ar a ECTOR: Afri for use as fy of Health m 21 is mark		270 1 certify that (1) (this hospital) attended the deceased from									
by the hore by the hore e detaches State Dep		22d. PHYSICIAN'S NAM	#	ole	eir	>		MEDICAL STAI DIRECTOR PHYSIC	IAN X		2-87
TO HOSPIT retained by TO FUNER should be with the Str. IIMPORTAN	23a. I	305	EPH	HU	BAYKAH 1236 N	AME OF C	GOOD SKOL	SAMARITI LOCH RAVE	V Blad	BAL	10 - MD

Garrison Forest

21213

est Owings Mills, Md. STATE

250. DATE REC'S BY REGISTRAR 256. RIGISTRAR SIGNATURE

4. 1987

STATE

COUNTY Md. STATE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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230. BURIAL, CREMATION, REMOVAL 23b DATE BURIAL 7-25

7-25-87

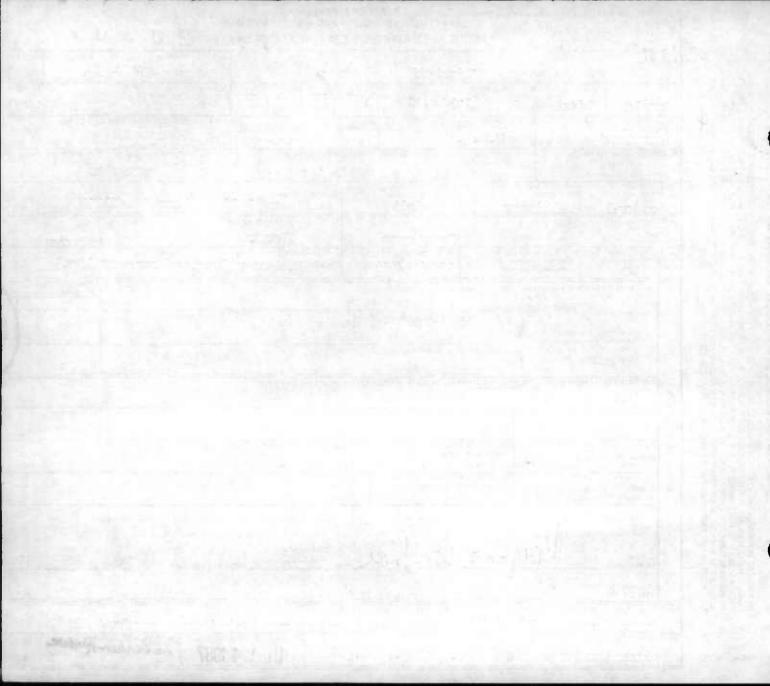
74 FUNERAL DIRECTOR SCHEMUNEK Funeral Home, Linc.

3331 Brehms Lane, Balto., Md.



TEERAH VASTANINGEA EULAME VANDALUS

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99	19 / JUL		EASED NAM	E	FIRST		MIDDLE			LAST		20. D	ATE KNOW	VN X MON	ITH DAY YE	AR 2b HOUR
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	PLE FCT FCT FCT FCT FCT FCT FCT FCT FCT FCT	3 SEX		4 RACE		DATE OF BIRTH	YEAR	6 AGE (IN Y	EARS IF UT		F UNDER 24 H		DATE	MON		EAR 24 HOUR
	NOUR TON 22	-	male	Whit			.918	1	RS.	DAIS	HOURS	1	DEAD		13-87 19	2:26
	S NECESSARY, PIEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	M	RTHPLACE (5 REIGN COUNTRY) Iarylan	d		U.S.		VTRY?	8. MARR WIDOV	IED X NEVE	ER MARRIED DIVORCED			ore aty	JNTY OF DEAT	30 ME
	HE FUN	10. CI	TY OR TOWN	OF DEATH	1	II. NAME OF HOS			E, OR OTH	ER INSTITUTION	ON 120	. USUAL O		N (TYPE OF WO		
	ALAESS !		Baltimo		/	Francis Scott Key Medical Center Homens							Control of the Contro			
21201	RETAIN HOULD BI	13a. ST		13b	is home or on the country salting		13c CITY	e before admiss y or town ndalk	(NO)	13d. INSIDE CITY	Y LIMITS? 13e	STREET A	DDRESS Junlee	r Rd./	/21222	
MD.	H. IF. 12, 73, 22, 51, 52, 51, 51, 51, 51, 51, 51, 51, 51, 51, 51	and a	THER'S NAME			MIDDLE		LAST		15 MOTHER	'S MAIDEN N	NAME	MIDDLE		LAST	
RE,	S S S S S S S S S S S S S S S S S S S	0	ohn					ywozna			Theres	sa			unkno	wn
ALTIMO	AFTER I	16a. W {YE	AS DECEASE S, NO, OR UNKNO NO		U.S. ARME YES, GIVE WA			/09/09		Jack N		er (hu		same	as 13e.	)
S. B	HOURS AF THE GIVIN C WITH WHIT PAG NE, DIVISI		18. CAUSE O	ATH WAS	CALISED	one couse per line		o), and (c).)	,						APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
TON	ECUTED THIND HO 5" IN PENCIN ITEMS ITEMS TERMINENT PERM IND MENTAL HYGIENE, TION, OR REMOVAL.	>	900	6 IM	MEDIATE	CAUSE (a) Mit	AS A CO	NSEQUENCE	OF	. 1 /						
13/	ANSI NE HY			ns, if any,		(h) r	heuma t	tic hear	t dise	ase '						
3	OR TRA	7	couse (a)	stating the		< /		NSEQUENCE			0.11					
201	ON SALE		lying cau	ise lost.		(c)					31111					
RDS	SAL SAL AND		PART 2 OTHER SI	GNIFICANT CO	NOITIONS CO	NTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TER	MINAL OISEAS	E OR CONDITION G	GIVEN IN PART 1	0				
0	ULD BE EXECUTED "PENDING" IN PI FF MEDICAL EXAMED AS A BURAL" HEALTH AND MEI	NO.				t arm due	to cra	ab bites								
ITAL R	00=88311	CERTIFICATION	19a. DATE OF	OPERATIO	N	196. CONDI	TION FOR	WHICH OPE	ration w	'AS PERFORM	ED?				20 AUTO	
OF V	WO BE	CERT	210 EXTERNA			216 TIME OF		DAM WEA		O YAULNI WC	OCCURRED (E	NTER NATURE	OF INJURY IN IT	TEM 18 PART 1 OF		2 140 🗆
	NRTWEIGHT OF THE ONLINE		UNDERLY INC	NG CAL	Primar JSE OF DE	ATH ? P.M	***	10 19 8	100	bject bi	itten by	a cra	b			
DIVISION	IT THIS CERTIFICATE SHE WORK RWARDED TO THE CHE REPARES SHOULD BE CHE STATE DEPARTMENT OF STATE DEPARTMENT	MEDICAL	21d. INJURY C WHILE AT WORK				OF INJURY IORY, FARM, E INK.			CATION STREET INK.		СПУ	OR TOWN		COUNTY	STATE
	ATE, ATE, DORW		22a I certi	fy that I tac	ak charge o	of the remains des	cribed abo	ove, held on	Autop	sy X.	Inspection	], Inc	oury .	and in my	/ apinion	
	L EXAMINER: 1 E CERTIFICATE, 20LID BE FORV L DIRECTOR: PH, WITH THE ST		death result		Δ	couses ,	Accident	100	vicide	, Hamicid		Indetermin	, —			
	WIT WIT		· ·		Mo	11 - 19	- 112	.Ul.	1.	TITLE (SPE	ECIFY)					
	K. A.H.		ACTUAL SIGNATURE.		MI	yeng	00	WIN	M.	o Assi	istant	MEDICAL	XAMINER	DAT SIG	NED 7	-13-87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL B AFTER DEATH, BATTIMORE, M		EXAMINER'S (TYPE OR PRII	NAME NT)	М	argarita	A. I	Korell	M.D	ADDRESS	11	1 Pen	n Stre	eet		
	DAY DAY	(5)	IRIAL, CREMA		OVAL 23b.	DATE		NAME OF CE	METERY O	R CREMATOR		3d. LOCATION	VN	c	OUNTY	STATE
07/84 25M	BP 669	0.1 5	Cremat:	ion	7	/16/1987	Gi	reen Mo	ount	Cremato			more,	Maryl	and 212	)2
20141	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT NAME		s Bra	dley, ADDRESS	c. Ba	alto.,	Md.	21222	JUL 1	4 198	37 Jul	REGISTRAR'	S SIGNATUR	



inpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

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certificate be

ner must be notified at chice.

deoth. Page 4 may be

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	3	5	0	S
NE 4711				-

MARY T. WOOD JUNIT RACE  White White Warch 8, 1898  Is alterepresent 16. Citizen of what country?  Marriad North 8, 1898  Is and USA Widoweld Directed   10. Name of hospital Nursing Home or other institution (if not insuchability, does feet abouts)   120 US (if not insuchability, does feet abouts)   120 US (if not insuchability, does feet abouts)   121 USA   122 US (if not insuchability, does feet abouts)   122 US (if not insuchability, does feet abouts)   123 US (if not insuchability)   124 US (if not insuchability)   125 US (if not insuchability)   126 US (if not insuchability)   127 US (if not insuchability)   128 US (if not in	REG. N	iÖ.					
MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEA	2b HOUR		
T.	WOOD		JULY 2, 1	MONTH DAY YEAR 26 HOUR  1987  SI OR COUNTY OF DEATH  MONTHS DAYS HOURS A  YOR COUNTY OF DEATH  MOTE City  ATION STOR WORKING LIFE IND KIND OF BUSINESS INDUSTRY  KET  APPROXIMATE INTERVAL  BETWEEN ONSET AND DE  1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS  YES NO	2:17 0		
	5 DATE OF BIR				EAR IF UNDER 24 HRS		
White	March	8, 1898	89		AYS HOURS MIN.		
76 CITIZEN OF WHAT COUNTR	V2 II		9 BALTIMORE CITY		н		
USA				ore City	~		
(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)		120 USUAL OCCUPAT	ION 12h KIN			
JNTY 13c. CITY OR TO	DWN 13d.				renue 2120		
	15. A	FIRST	MIDDLE	rd	LAST		
	CURITY NO. 17 I	NFORMANT	ADDR	ESS			
213 05	8213 Ka	therine Bu	sh, 2211 W.	Rogers Ave	nue 2120		
only one couse per line for (a), (b)	and ic:			APF	PROXIMATE INTERVAL		
			20a AUTOPSY?	20b. IF YES, WERE FIN	ES, WERE FINDINGS USED		
				CERTIFYING CAUSES OF DEATH?			
HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	URY IN ITEM IS PART I OR PART	T 2)		
21e PLACE OF INJURY			CITY OR TO	OWN COUNTY	Y STATE		
	OT SECTION AND SECTION		to July 2		, thak (we) lo		
2. 9	DEGR	ATTENDING		AFF A	ATE SIGNED		
AL 23b. DATE 23	NAME OF CEMET	TERY OR CREMATORY		(* (*)) (*)	STATE		
AL 23b. DATE 23			CITY OR TOWN	n, Balto. C	Co. Md. STATE		
7/6/87 23b. DATE 23	Lorraine	Park Cemet	ery Woodlaw	256 REGISTRAR'S SIG	O. Md.		
	T.  4. RACE  White  7b. CITIZEN OF WHAT COUNTR  USA  11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHFACILITY, GIVE STR  Maryland Gen OR OTHER INSTITUTION GIVE RESIDENCE BEI UNTY  Baltim  ARMED FORCES? ARMED FORCES? FOR WAR OR DATES)  ONLY ONE COUNTY  DOING ON AS A CONSECTION OF A COUNTY  TO CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHITE  19b. CONDITION FOR WHITE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY (AT HOME STREET FACTORY, OFFINITY  PORTY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINITY)  15c. PLACE OF INJURY (AT HOME STREET FACTORY,	T. WOOD  4. RACE White White White White Wharch  7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED USA WIDOWED  11. NAME OF HOSPITAL, NURSING HOME OR OF OR OF ONE OF THE PROPERTY OF T	T. WOOD  I RACE White  White  Warch 8, 1898  The citizen of what country?  Widowed Dispersion Notes and Dispersion Notes are the property of t	T. WOOD JULY 2, 1  4 RACE SOLATE OF BIRTH BASE SOLATE OF BIRTH WATCH 8, 1898 89  75 CITIZEN OF WHAT COUNTRY? BARRIED NEVER MARRIED BUSH SUCH PACEURITY, ONE STREET ROBESTS NAIDER OF WILDOWS DIVORCED BALTIM WIDOWED DIVORCED BALTIM IT SECRET ROBESTS HOMEOGENESS WATCH PACEURITY, ONE STREET ROBESTS HOMEOGENESS HAVE RESIDED AND SHAPE THE STREET ADDRESS HOMEOGENESS HOMEO	T. WOOD  JULY 2, 1987  4. RACE White    S. DATE OF BIRTH   BAY   B		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been significated by detached for use as the busial-tronsit permit. Then the should be detached for use as the busial-tronsit permit.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion.

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REMOVAL

23b. DATE

- 240/W. PELVENERE AVE

REGISTRAR

1. DECEASED NAM

TYPE OR PRINT

23a. BURIAN

24 FUNERAL DIRECTOR

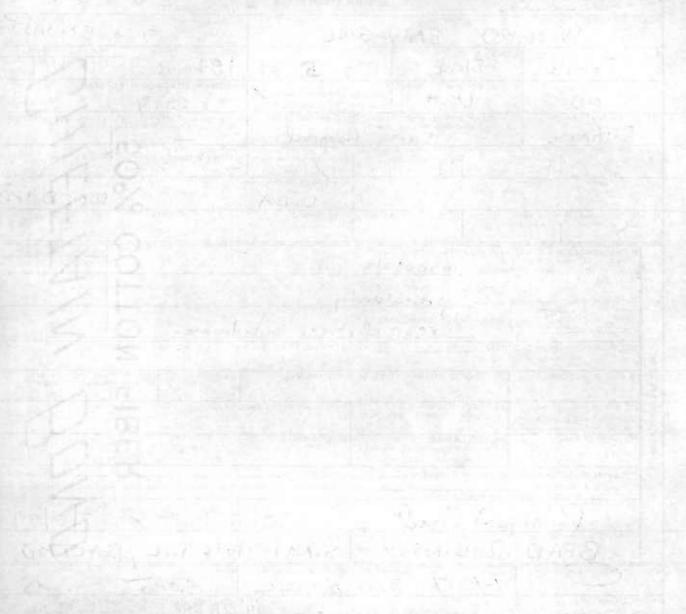
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH MONTH OAY YEAR 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MICOLE WOODARD **ADDRESS** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO / YES T NO T 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19\_ \_, that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DAITE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGIS



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, or other troumotic event, the medica

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

18	REGISTRAR		CERTI	FICATE OF DEATH	8 / REG. NO	20	3 1 0		
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
	IHEL	MAN	WC	DODSON		+ 17	87 9.18	DM	
3. SE	×	1 RACE	5. DATE O	OF BIRTH  DAY  YEAR  20	6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MI		
7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? B.	\	9 BALTIMORE CITY O	R COUNTY OF D	ATH		
	COUNTRY)	11-0	MARRIE	-	Ratio	1 ita			
**0 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITA	WIDOW	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	KIND OF BUSINESS O	MD.	
10. C	BAITIMORE	GOOD COLLETTY		tan Hosp	(TYPE OF WORK FOR MOST O		DUSTRY	JK	
13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESID	PENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 IP CODE	1 0		
	mo +	BI	717/more	YES NO	5551	midwa	d the 21	212	
14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA					
	Paril	MIDDLE	50.5002	11ncn	MIDDLE		LAST		
16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
- {	YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	que-	100001: 1	16 40 /-	1191	Minch - 4	110	
-	///			laroline a	muce	11100	APPROVIMATE INTERVAL	<u>K</u>	
	18. CAUSE OF DEATH  Enter or PART I. DEATH WAS CAUSE	D BY:	9) (b), and (c).	1/2 +	0 -	1. +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH	
		TE CAUSE (0)	tractor	y ventrice	Mour for	hicaro.	8	_	
		DUE TO, OR AS A C	ONSEQUENCE OF						
	Conditions, if ony, which	( (b)							
	gove rise to immediate								
	couse (a), stating the underlying cause last								
		(c)						=	
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART No		
MEDICAL CERTIFICATION	Chronic	· leno	L F	activa	Lea AUTORGUS	Tool IF VEC 14/ED	F. Chiphips was		
2	19a DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?		
Ē					YES NO	YES 🗌	NO 🗆		
W W	210. ACCIDENT WAS UNDERLYING	110110 4 44 440		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OF	PART 2)		
A	OR CONTRIBUTING CAUSE OF DEA	1111	19						
ă	21d. INJURY OCCURRED	21e PLACE OF INJU	RY	211 LOCATION					
¥	WHILE NOT WHILE	( AT HOME, STREET, FACTO	DRY, OFFICE FARM, ETC )	STREET	CITY OR TO	WN CC	DUNIY STATE		
	AT WORK AI WORK	1.10.1	11 61	123 87	7/13	7	7	_	
	22a.1 certify that (1) (this hopping sow the deceased alive on	1/17	D 1 L	and short in (mus) (nus) enision of	, 10	, 19	, that (I) (we) I		
	obove, (1) (we) (did) (did no		ath.	ind that in (my) (our) apinion (	death occurred on the do		1 1		
100	72b SHENATURE	X	1	DEGREE			C. DATE SIGNED		
	willis .	anam	cole M	ATTENDING PHYSICIAN	MEDICAL STAF		T117 187	Z	
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		122 ADDRESS E 6 O	1 /001	100	15 1 0	1 . 0	
100	TULLO	FMANI	VELE	180.700		I KA	16 10 BL	VI	
	ITUCLIU	1-11111	4 L L L		ORE N	10 2	1239		
	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUP	ITY STATE		
	Burial	7/22/87	Cedar	Hill Cem.		indel Co.	Md.		
24 FI	UNERAL DIRECTOR	Malanen	10001	25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S.	SIGNATURE		
	Im C March F/H	1101 E.	North Ave		20198/	Julia Tions	m. D. Jack		

JUL 20 1997 (14 pt 14 pt

illed in by the funeral director, page 3 vid be fled within 72 haurs after death

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		 		_	

TAL HYG	IENE	REG	NO. 2	0	3		
	20 DATE	OF DEATH	07	20	87	26. HOL	9 A M
16	6. AGE (1	N YEARS LAST	BIRTHDAY)	MONT	DER I YEAR	HOURS	AIN.
RIED -			ti M		Ci	Ty	MD.
TION 9L	HOD	1EM	AKE.	(G LIFE) II	26. KIND O NDUSTRY	ton	10
LIMITS?	13. STREE	2 W	S / ZIP C	ODEBA VETTO	LTIM	DRE,	mo.
AIDEN NA		WIDDI			IAS		

JUL :	9 8	OR STATE REGISTRAR	DEPARTN	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	8 / REG. N	20	3	
		CORLE L	A GILLIAM	WR	IGHT	20 DATE OF DEATH	7 20	87 8.19	
	3. SE	FEMALE	BLACK	5. DATE (		6. AGE (IN YEARS LAST BIR	YRS		
23		RTHPLACE (STATE OR FOREIGN 71) SOUNTRY) SOUNTRY)	U. S.A.	MARRIE WIDOW	ED NEVER MARRIED D	Baltimore City C	IMORE	city	
34	10 CI	C TY	1. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A  BON SECOL		HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMA	KER INC	Home	
r must be		AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT		N	YES NO		ZIP CODEBAL	TIMORE, M. 57. 2122	
Samine	14. FA	CHARUE M	GILLIA	m	HICKIE	MIDDLE		NYCHE	
the medical		YES, NOORUNKNOWN) (IF YES, GIVE	IED FORCES? WAR OR DATES)  16b SOCIAL SECU 2/5-/8-  2/5-/8-	7255	HENRY L.		142 W. F	AVETTE ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
, cremation, or remaviather traumatic event.		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause lat, stafting the underlying cause last.	BY: MASSIV	ENCE OF L	MYOCARDIAL ARTERIOSCLEROT VASCUL  DEMENTIA	iNFAR C ic Carpius ar Dis	rascular		
r to burial injury, ar	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			INAL DISEASE OR CON	DITION GIVEN IN	PART Îta	
ond Mentol Hygiene prior sed or Item 18 shows ony it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO [	
tem 18 st	_	21g. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TOP	PART 2)	
h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	JWN CC	OUNTY STATE	
ipt. of Healt em 21 is ma		22a I certify that (I) (this because saw the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE	7/20 198	27.0	and that in (my) (and opinion of DEGREE	, todeath accurred on the d		fram the couses stated	
AT: # B		Kuang	for Ytuany		MID ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7/20/8	

23a. BURIAL, CREMAT

BUN SE COURS

STATE

BP.

etained by the haspital ar

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

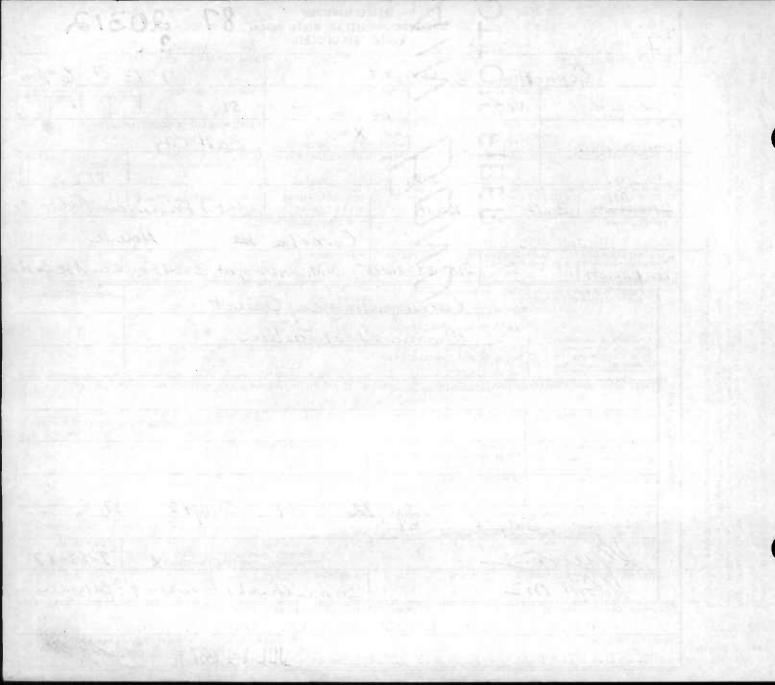
IMPORTANT: If them 21 is marked or Item 18

DHMH - 16 60M 7/84 (VRA 15, 4)

PKWY, BALTO, MD. 21216

CITY OF TOWN
CITY OF TOWN
CITY OF TOWN
CO. BY REGISTRAR 256 REGISTRAR DIGNATURE

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8.7	203	112	•
		EASED NAME FIRST	MIDDLE	Wrigh.	AST	20. DATE OF DEATH	MONTH DAY	4000	HOUR 20
3		Corne	27.00	-		1.05			De Must
3	SE)	Tenale	Negro	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS		UNDER 24 HRS
5 A	(	OUNTRY)	TE C T	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C		EATH	
2 monthed a		TTO . MD.	U.S.A.  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVE:			120. USUAL OCCUPAT		. KIND OF B	SUSINESS OR
orden !	F	BALTO.	SINIA HO			N/A		N/A	
35	130. S	1 100 - 1	OTHER INSTITUTION GIVE RESIDENCE TY 13C. CITY OR L+, Ba	TOWN	13d. INSIDE CITY LIMITS? YES NO		LZIP CODE	w Ar	21210
exomin (	4 FA	THER'S NAME FIRST A  ELIJAH H	OUSE LAST		Cornelia	MIDDLE MIDDLE	Hou	allast	
		AS DECEASED EVER IN U.S. ARA		SECURITY NO. 32 -264.	17 INFORMANT WILLIAM	Waght 35	od Fauvi	icw A	ve Bes
ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	EQUENCE OF		MINAL DISEASE OR CON	DITION GIVEN IN		SHISED
9	TIFIC,	THE DATE OF CITERATION	I'M. CONDINONTON W		TO THE OWNER	YES NO	IN CERTIFYING (	CAUSES OF	
1 2	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	<u> </u>		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC )	STREET	CITY OR TO	WN CO	YINUC	STATE
		220.1 certify that (I) (this hospit sow the deceased alive an above, (I) (Ve) (did) (did not	July 13	The stand of the	nd that in (my) (our) apinio	n deoth occurred on the d	ote and hour and f	. tho	st (I) (we) los uses stated
# #		19 Laur	1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	7-13	3-87
IMPORTANT		22d. PHYSICFAN'S NAME (TYPE OF	HD		Since H	ospital Gree	rspung D	Belve	de
5		URIAL, CREMATION, REMOVAL  BURTAL	7/18/87		LAWN CEM.	23d LOCATION CITY OF TOWN BALTO.	, MD.	414	STATE
7/84		NERAL DIRECTOR EROY O. DYETT	4600 LIBER	TY HEI	9.1	UL 1 4 1987	256-REGISTRAR'S		rialle.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PAKI	MENI	10	ntA	LIN	ANU	MENTAL	Į
	CEI	RTI	FIC.	ATE	OF	DEATH	

		0	73	- 1		
-	REG.	NOK-	U	5	1	0
		-				

29 BEGISTRAR			CERTII	FICATE OF DEATH	8 / RI	G. NO.2 0	3 1	3
I. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
Della			Wrig	ht	July 2	4, 1987	7	M
3 SEX	4. RACE			OF BIRTH	6. AGE (IN YEARS I		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Blac	e k	1 2	8 96	90	YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	ED NEVER MARRIED	9. BALTIMORE C	ITY OR COUNTY	OF DEATH	
N.C.	US	SA	WIDOW		Balti	more Ci	ity	MD.
ID CITY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	126 KIND C	OF BUSINESS OR
Baltimore		HEACILITY, GIVE STREET Fernpark		enue	Unemp To	yed yed	E) INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE  130. CITY OR TOW  Baltim	/N	13d INSIDE CITY LIMITS? YES A NO	5323 F	ress/zipcobe	Ave.	21217
14. FATHER'S NAME		LAST		15. MOTHER'S MAIDEN NA	ME	DDLE		
Unknown	MIDDLE	ĮASI		Unknown	MIL	DIE	Mas	
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	,	ADDRESS		
NO NO OR UNKNOWN) (IF 4ES	GIVE WAR OR DATES)	213-60-2	2327	James E. Mc	Donald	1190 W.	North	ern Pkwy
	only one couse per	<u> </u>	<del></del>					ONSET AND DEATH
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	cardiac	arr	rest tag				inutes
PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	t conditions <u>c</u>		DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR		ZEN IN PART 1	
III-					YES NO	_	YING CAUSES	NO [
	JEAIN .	DF INJURY .m. MONTH D .m.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	DE INJURY IN ITEM 18 P	ART I OR PART 2)	
OR CONTRIBUTING CAUSE OF INFERENCE CAUSE OF INFEREN		OF INJURY REET FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on	19		and that in (my) (aur) apinion	deoth occurred on			that (I) (we) last couses stated
Sits hou		100		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF	7/a	27/87
Peter Ag	re, M.	>,		Johns H	optins	Hospi	tal	
230 BURIAL, CREMATION, REMOV				CEMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE
Burial	7/29/	/8/ [Ba	Itimo	re National C	em Bali	TRARPS REGIST		Md
24 FUNERAL DIRECTOR	- /	ADDRESS		250 DA	TE REC'D' BY REGIS	7	DEREMATA	PARE
Wm. C. March	F/H 4:	300 Waba	ish A	Avenue	28 198	1 3	Anna	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

k	A PATE REGISTRAR		DEPARTA		EALTH AND MENTAL H	YGIENE	REG. NO.	2 0	3	14
ľ	1. DECEASED NAME FIRST		MIDDLE	-	AST	20. DATE C	FDEATH MC	ONTH DA	Y YEAR	26 HOUR
ı	(TYPE OR PRINT) Edward			W	right Jr.	7-1	7.97			4:550
Ì	3. SEX	4. RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHD		UNDER 1 YEAR	
ı	Male	Blac	k	2 MONTH	18 23	6	4	YRS.	INTHS DAYS	HOURS MI
ł	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIM	ORE CITY OR		FDEATH	
	MD	U.S.	Α.	WIDOW	D NEVER MARRIED	Pal	timore	City,		,
Ī	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF		G HOME	OR OTHER INSTITUTION	(TYPE OF WO	LOCCUPATION ORK FOR MOST OF W		126. KIND ( INDUSTRY	OF BUSINESS C
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimore	N	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / Z Ruxton	Ave.	21216	
1	14. FATHER'S NAME FIRST  Edward	WIDDFE	Wright	Sr.	15. MOTHER'S MAIDEN I	NAME	MIDDLE E.		Mi	1bourne
Ī	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	5		
L	No	IVE WAR OR DATES)	217-16-6	4372	Willa Mae H	ughes 1	718 Rus	ston A	lve. 2	1216
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per ED BY: .TE CAUSE (o)	( )	dici.)	Arrest				BETWEEN	XIMATE INTERVAL 4 ONSET AND DEAT
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	mediate ) ng the ) DUE TO, OR AS A CONSEQUENCE OF							2.	3hK
1	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDIT	ION GIVE	IN PART 1	10
ı	Probate	le large	ONA or	Int	rucerelogy 6	sleed				
	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [	196. COMD	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU1 YES			NG CAUSE	INGS USED S OF DEATH? NO [
	00 000 170 0000000000000000000000000000	HOUR A	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTERN	AATURE OF INJURY I	N ITEM 18 PAR	T 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE  (IF ETHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	220.1 certify that (1) (this hosp saw the deceased alive o above (1) (we (did) (did n	一门里	19	87.0	nd that in (my) (our) opinio	on death occurr	red on the date	ond hour o	ond from the	, that (1) (we) lo

STabe 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Joseph Raduazzo, M.D.

23c NAME OF CEMETERY OR CREMATORY

DEGREE

Union Memorial Hospital

MEDICAL STAFF
DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 7-24-87 Burial 24 FUNERAL DIRECTOR

Arbutus Memorial Cem.

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION
CITY OR TOWN
Arbutus

MD

22c. DATE SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

March Funeral Homes, Inc. 1101 E. North Ave.

		1/	FOR				EDADTA	AENT OF		ANDA		HYCIEI	ie					
0	511 1		STATE					MAX						0	0 1		0.04	
•	N	7. 9.	REGISTRAR CEASED NAME	FIRST		MEL	MIDDLE	AMII	VEK 3 C	EKIIFI	CAIE	OF DE		REG. N		) [	***	To comment
	10		PE OR PRINT)							CMSI			OF	KNOWN ESTI-	_		YEAR	2b HOUR
	PLEASE ECTOR. FILES. HOURS			Henry			David			right		-		MATED [	√ 7  MONTH	3	1987	M
	STREET	3 SEX		I. RACE	5. DATE O	DAY	YEAR	6. AGE (IN Y			HOURS	R 24 HRS.	PRONOUN		MONIH	DAY	YEAR	24 HOUR 5 - 15
	ON ON		Male	Black	9	27	58		rRS.				DEAD		7	3	τя87	5:15 Am
4	ESS	FC	RTHPLACE (STA				AT COUN	TRY?	8 MARRI	ED NE	VER MAR	RIED X	9 BALTIN	ORE CITY	OR COUN	NTY OF I	DEATH	
	S NECESSARY, PLASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET.		North Ca		USA				WIDOW	ED 🗆	DIVOR	CED		imore				MD.
	SHADE	ID. C	ITY OR TOWN C	OF DEATH	11 NAME	OF HOSE	PITAL, NUR	SING HOM	E, OR OTH	ER INSTITU	TION	FOR	MOST OF WOR	PATION (TY	PE OF WORK	12h KI	ND OF BU	SINESS
	TH. IF ANY DELAY IS NE 1, 2, AND 3 TO THE FU M. 3. RETAIN PAGE 5 0,2 SHOULD BE FILED, V JTAL RECORDS, 201 W.		Baltimor				spita						LERK				STRIB	
10	AND STANDER		AL RESIDENCE (	F IN NURSING HOME COUN		TUTION GIV		OR TOWN	ion)	134. INSIDE C	ITY LIMITS?	lise STI	REET ADDRE	55				
212	A SECONDARY	1	4D		A PERSONAL PROPERTY AND ADDRESS OF	poddina.		TIMOR	E	YES X	NO [			ENMOR	E AVE	E.21	215	
WD.	H. IF		ATHER'S NAME		MIDDLE			ACY		IS. MOTH	ER'S MAIL		F	HDDLE			LAST	
RE,	EATH PM, PM,	1	HENRY		MIDDLE		RIS	ER		MA	RY		W.	WOLL	(	GAR DI		
MO	N S S S S	160.	WAS DECEASED	EVER IN U.S. AR			16b. SOC	IAL SECURI	TY NO.	17 INFORA	TUAN			ADDRES	S	144	2121	3
E	AFTER IVE PA H FOR AGES ISION	1	ES	(IF TES, GIVE	WAR OR DATES	•)	241	-04-6	930	WIL	BERT	WRIG	HT 41	12 EA:	STMON	VT A	VE.	
8/	WITH PA		18 CAUSE OF	DEATH (Enter on	y one cause	per line	far (a), (b),	and (c).)								LA	PPROXIMATE	INTERVAL
1 ST	F K G T S	100	PARTIDEA	TH WAS CAUSE	BY: E CAUSE (c	3.6.		le in	iurie	3						BETY	WEEN ONSET	AND DEATH
10	A STATE OF S	17	8/4	IMMEDIA				SEQUENCE				7		74.				
PRE	ITHIN 24 JER ALON ANSIT PER AL HYGIE REMOVA	16		, if any, which	1	,												
×	345558		cause (a) s	to immediate	<	TO, OR A	AS A CON	SEQUENCE	OF		-							
201	EXAMELY PORT ON CONTROL		lying caus	e last.	1 1	:)												
DS,	XECU JG"   AND AND		PART 2 OTHER SIG	NIFICANT CONDITIONS			UT NOT RELAT	EO TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN P	ART Tips						
RECORDS	S A LITH	Z																
RE	DULD BE EXECUTED D. PENDING" IN PRINE MEDICAL EXAMISED AS A BURIAL-PEALTH AND MEIAL, CREMATION, C.	MEDICAL CERTIFICATION	190. DATE OF	DPERATION	19b	CONDIT	ION FOR V	VHICH OPE	RATION W.	AS PERFOR	MED?		-			20 /	AUTOPSY?	
IA	공유프 <u>교</u> 오트	F	140.00		11/2												YES 🐼	NO 🗆
OF VIT	THE CATE SE ALLO BE AMENT TO BU		210 EXTERNAL			TIME OF			21c. HC	W INJURY	OCCURR	ED LENTER	NATURE OF IN.	IURY IN ITEM 18	PART I OR P		120 00	110 1
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	ME BELLEN		deoth resulted	d fram: Natur	ol couses L	<u> </u>	Accident	X , S	uicide	Homic	ide,	Unde	termined mo	onner,				
	A V S S S S S S S S S S S S S S S S S S		ACTUAL	1/1/		-0	7			TITLE (S					DATE	-		
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	WO DE	4-	EXAMINER'S N	AME Will	iam M	. Zaı	ne. M	.D.			111	Penn	St.	Balto	M	1D 2	21201	
	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIRE DEATH, WITH THE SIT BALTIMORE, MARYLAND,	22.0	TYPE OR PRIN	1)						ADDRESS_				2011	., 17			
	-mg-40	730.B	SPECIFY)	ON, REMOVAL 2	B DATE			AME OF CE				23d LC	OR TOWN		COL	UNTY	STA	VIE .
7/84 5M	BP	24 E	BURTAL UNERAL DIRECT	OR	7/13/	87	1 6	ARRISON	LUKE2	VEIE	VAN CE	IAI OM	INGS.	MILLS	MD	CICALAT	LIDE	
	DHMH - 17	1	NAME DIRECT			ADDRESS				J	JLA	0 19	87 STRA		Colder	SIGNAT	UKE	
	(VR AIS ME (S))		WM C	MARCH_E/	H_110	1 F	Nort	h AVA				- 10	3	who the	Carges	· Kano	tall.	

ARREST OF JULY

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	NO	-		

	REGISTRA	R	MEI	DICAL EXA	MINER'S	CERTIFIC	CATE OFD	EATH	PEG NA	2 3	10	
3 7 7 JUL 30	R EASED			WIDDFE		LAST		2a DATE	KNOWN [3	MONTH E	DAY YEAR 2	h HOU
23 % 23 % F	(THEOR PRINT)	Valer	ie		W	right		OF DEATH	MATED	7/ 25	5/ 19 87	
Y, PLEASE DIRECTOR. OR FILES. 72 HOURS N STREET.	3. SEX FEMAL	E BLAC	5. DATE OF BIRTH MONTH DAY  K 2/15/5	YEAR IAS	E (IN YEARS IF ST SIRTHDAY) MC 28yrs	UNDER I YR.	HOURS MIN.	PRONOU DEAL	NCED		5/ 1987	9: JC
SAR ALD	BIRTHPLAC	(STATE OR	76. CITIZEN OF WH		10			9 BALTIA		OR COUNTY O		
NECES NECES	BALTO	MD.	U.S.A	١.		RRIED X NE	VER MARRIED [		-	e City		
A SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		WN OF DEATH	11. NAME OF HOSE	PITAL, NURSING	HOME, OR C	THER INSTITU	ITION 12a	USUAL OCCU	PATION (TYPE		NIND OF BUSI	INESS
PA PA		ltimore	Francis	Scott K	ley Med	ical Ce	enter U	INION		BA	ARBER	
歌5	13a. STATE	D 136 COUN		13t. CITY OR TO	OWN	13d. INSIDE O	No 🗆	STREET ADDR		NT AV	ZE212	113
2014 2014 2014	14. FATHER'S N		MIDDLE	LAST			ER'S MAIDEN NA	,	AIDDLE		LAST	
	, , , , ,	CLARENCE	MASSEY					BETH	MASSE	Y		
N N	160. WAS DECE	ASED EVER IN U.S. ARA		16b. SOCIAL SI		17. INFOR			ADDRESS			
Alsio (	NO	N/A		213-7	2-924	0 MILI	BERT WR	IGHT	4112	EASTM	IONT AV	7E.
T. O.	18 CAU	SE OF DEATH (Enter and	y ane cause per line	far (a), (b), and							APPROXIMATE IN	
A LERVE	100		E CAUSE (a)		Intr	acerebr	cal Hemo:	rrhage				
AND ALCO			DUE TO, OR	AS A CONSEQU	JENCE OF							
NER SAN: REAL		ditions, if any, which e rise to immediate	(b)						24.00			
AMIR VENT		se (a) stating the <u>under-</u> g cause last.	DUE TO, OR	AS A CONSEQU	JENCE OF							
BURIA AND A ATION			(c)									
<±≥		HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO	THE TERMINAL OIS	EASE OR CONDITID	IN GIVEN IN PART 1 (a)					
CREAT	O INDAT	E OF OPERATION	19h CONDIT	ION FOR WHIC	H OPERATION	WAS DEDECT	PAAED2			1.	20 AUTOPSY?	
USED OF HE RIAL,	FIC		1/2 00/10/1	iori ok winc	II OI EKATION	WASTERI OF	WILD;					
BUILD TO	21a EXT	ERNAL CAUSE WAS	216 TIME OF	INJURY	21c.	HOW INJURY	OCCURRED IEN	ITER NATURE OF IN	UURY IN ITEM 18 P	PART 1 OR PART 21	YES X	NO []
SHOULD BE USED PARTMENT OF HI RIOR TO BURIAL,	TO THE LOCATION OF THE LOCATIO	YING OR BUTING CAUSE OF E	HOUR A.M.	MONTH DAY								
SE 3 SHOUTE DEPART	21d INJU	IDV OCCUPPED	21e PLACE C	F INJURY (AT		LOCATION						
ZOI PE	WHILE AT WOR	NOT WHILE C	STREET, FACTO	ORY, FARM, ETC.)		STREET		CITY OR TO	NWN	COUNTY	Y	STATE
STA , 212						V						
, DIRECTOR: (, WITH THE MARYLAND		certify that I taak charg	67			apsy X.	Inspection	I, Inquiry		nd in my apinic	an	
RYC RYC	death r	esulted fram:Natur	al causes X.	Accident ,	Suicide L			determined m	anner,			
3.8	ACTUAL		ALL TO	( The	KNVI		ictant			DATE	7/26/	87
ERAL DIR EATH, WI DRE, MAE	SIGNAT	URE	mere	7-0	0.000	M.D. <u>ASS</u>	istant "	MEDICAL EXAM	MINER	SIGNED_	1/20/	0,
TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY	EXAMIN (TYPE OF	ER'S NAME Ma	rgarita A	. Korell	l, M.D.	ADDRESS_	11	l Penn	St.			
548 _	23a BURIAL, CR	EMATION, REMOVAL 2		77.773	OF CEMETERY		ORY 23d	LOCATION	т.	COUNTY	STATI	E
	B	URIAL	7/30/8	37 KIN	IG MEM		21- DATE 0F.C/D	BAL	10.,	MD.		
	24 ELINEDAL C	IDECTOR					DATE DECID	DV DECICED	AD JOSE DECT	ETDABLE CLOS	ALATIER.	

**DHMH - 17** (VR A15 ME (5))

JUL 29 1987 Julia Dender Ruder

LEROY O. DYETT 4600 LIBERTY HEIGHTS

SPECOSINON EIRER

JUL 2 9 1987 ALL TEMPER JUL

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V.	2		,
1.	_	1	

FOR	DEPART	MENT OF HEALTH AND MENTAL H	IYGIENE .	0 0 1 1
- STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. N	2031/
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	WEAR IN HOUR
(TYPE OR PRINT) ANNA		WYATT	1-2-8/	12: 15 <sub>M</sub>
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
FEMALE	BLACK	MONTH DAY YEAR 3	2 54yrs.	YRS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
N.C.	0.3. A.	WIDOWED DIVORCED	BALTIMOR	RE CITY MD.
BALTIMORE	11. NAME OF HOSPITAL, NURS IN SUCH FACILITY, GIVE STREET 1934 The Alam	NG HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
PUSUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COU		TEADMISSION)  YN MORE YES X NO (	13e.STREET ADDRESS	/ ZIP COGE 1239 Alameda Balto. Md
14 FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
EDDIE.	POWELL.	F.VA	WIDDLE	ALEXANDEQ
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDR	
(1F YES G	IVE WAR OR DATES) 180-30-		VATT 5934	THE ALAMEDA
	nly one couse per line for (a), (b), or		YALL 3934	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DADT I DEATH WAS CALLS	ED BY. (TE CAUSE (0) Cardiore		est	4 months
MMEDIA				
Conditions, if any, which	DUE TO, OR AS A CONSEOU	atic colon care	inama	
gove rise to immediate couse (a), stating the				New York Control of the Control of t
underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(p
190. DATE OF OPERATION 3-31-87 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
₹ 3-31-87	Adenocarcnom	na of cecum	YES NOX	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
21a. ACCIDENT WAS UNDERLYING	THOUSE A ME MONTH O		URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE	MIN	AY YEAR		
IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN COUNTY STATE
AT WORK	(AT HOME STREET, FACTORY OFFICE		CITY ON TO	OWN COUNTY STATE
	oital) attended the deceased from	6-18-87 1987		
sow the deceased alive a	7 7 1 - 87 19 E	ond that in (my) (Xr) apini	on death occurred on the d	late and hour and from the causes stated
726 SIGNATURE	1.	DEGREE		226 DATE SIGNED
111.1.1.1	11:11	M) ATTENDING		
I MAY MAN I	Junum 1	FITSICIAN	DIRECTOR PHYSIC	CIAN [ (15/8)
2d. PHYSICIAN'S NAME TYPE		27e ADDRESS 8415 Bell		212 Towson, Md. 21

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Heal TO HOSPITAL BP.

retained by the hospital

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

s the burial-transity hand Mental Hyg

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE BURIAI 7-9-87

MARCH FUNERAL HOME

23c NAME OF CEMETERY OR CREMATORY FOREST GARRISON

NORTH

236 LOCATION CITY OR TOWN

OWINGS

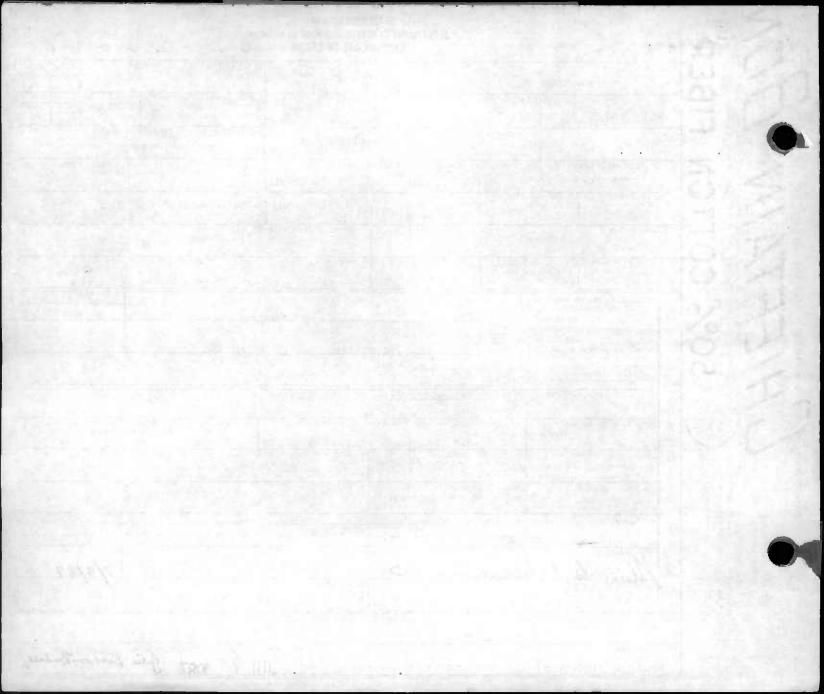
STATE MD.

24. FUNERAL DIRECTOR

ADDRESS 1101

MILL

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 061260 JUL 30187 TATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF Wyatt James B. IF ANY DELAY IS NECESSARY, PIEASE 2, AND 310 THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5. FOR YOUR FILES. SHOULD BEALLED, WITHIN 72 HOURS. ALRECORDS, 20, W. PRESTON STREET, DEATH MATED 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED July 15,1922 White Male 65 26 1987 To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia X WIDOWED DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Salesman Automobile Baltimore 2525 Maryland Avenue USUAL RESIDENCE (IF IN NURSING HOME OR C Baltimore 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 2525 Maryland Ave. YESX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST George Wvatt Mittie Adams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Sweet Valley, PA 18656 WW Leonard Scavone, RD 1 85-14-6777 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). NTAL HYGIENE, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF RANSIT Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD: "PENDING" HAP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL. PLATOF FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL, BURIAL, WITH THE STATE DEPARTMENT OF HEALTH AND THE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 Chronic Alcoholism 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19g. DATE OF OPERATION 20 AUTOPSY? YES X 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE XXXXXX 22a I certify that I took charge of the remains described above, held an and in my apinian Homicide Undetermined monner Suicide death resulted fram: Natural couses Accident TITLE (SPECIFY) 7-27-87 Assistant MEDICAL EXAMINER SIGNATURE

BP.

**DHMH - 17** (VR A15 ME (5)) EXAMINER'S NAME TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236, DATE

Burial July30,1987

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn

ADDRESS\_\_\_111

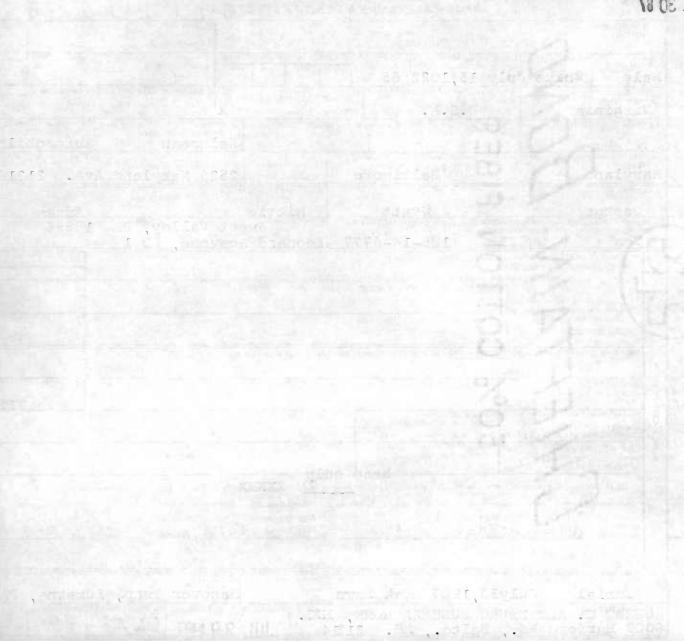
Korell, M.D.

23d. LOCATION Hanover

Penn St., Balto.

Twnp, Luzerne, PA

256 REGISTRAR'S SIGNATURE ROBERT C. ALTENBURG DE JNERAL HOME, 250. DATE REC'D. BY REGISTRAR INC. Aulia Dividson Randales 6009 Harford Rd., Balto., Md.



N / REG	NO. 2	0	ú	1 9	
ATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	

			STATE OF MARYLAND		
060695 JUL 2	7 87 OR TATE		DEPARTMENT OF HEALTH AND MENTAL HY	GIENE	0.7.1.0
	• REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 1 7
Q1 . 25	1. DECEASED NAME FIR	ILLIAM A.	YEAGY .TR	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR P
6 4 4 5 1 1		Α.	OK.	JULY 23, 19	IF UNDER TYEAR IF UNDER 24 HRS
4 70	3.5EX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
4 4 4 1	MALE	WHITE	AUG. 17 1924	62 YRS	
nsec >	To. BIRTHPLACE (STATE OR FOREIC COUNTRY)		MARRIED ANEVER MARRIED	To T	
14年70	MD.	U.S.A.	WIDOWED DIVORCED DIVORCED LINURSING HOME OR OTHER INSTITUTION	BALTIMORE C	ITY MD.
E TO	BALTIMORE	(IF NOT IN SUCH FACILITY,		(TYPE OF WORK FOR MOST OF WORKING LI	PRESS
1 10 1	USUAL RESIDENCE (IF NURSING H	OME OF OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)  OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODI	,
N 2 3 0	MD.		TIMORE YES X NO	3903 KENYON	AVE. 21213_
	14 FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N	MIDDLE	LAST
AM AN STATE (R)	WILLIAM		EAGY, SR GENEV		WRIGHT
1 797	160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOC	CIAL SECURITY NO. 17 INFORMANT	ADDRESS	
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The state of the s		EDIATE CAUSE (a)	ardiac arrivat	•	30 minu Tas
I Took		DUE TO, OR AS A CO	ONSEQUENCE OF	10-07	60 -
S C C CO	Conditions, if ony, wh		ité myocardial	MEDIRETTON	90 minutes
* (1 11 1 1 0 )		the Source on action	ONSEQUENCE OF CONTIC CARO	lisvascular di	sace on Know
38 C.	PART 2 OTHER SIGNIFIC		TING TO DEATH BUT NOT RELATED TO THE TER		
SOS	& hotory	of Rheu	matic faver c	and ADVETICS	18mosto
9 1 11600	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
D/S ST	#			YES NO YE	S NO
N A STATE OF THE	210. ACCIDENT WAS UNDERLY		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Sich Park	(IF EITHER NOTIFY MEDICALE)	OFDEATH	19		
NOSI Mending Me by MO	(IF EITHER NOTIFY MEDICALE)  21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET FACTO		CITY OR TOWN	COUNTY STATE
S Total S		haspital) attended the deceas	ed from 7/23 10 8-	7_10_7/23	19.87 that (1) (we) last
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	saw the deceased of	ive on 7 73		on death accurred on the date and hou	
Med I how	22b. SIGNATURE	did not) view the body after dec	DEGREE		22c. DATE SIGNED
그를 그렇다는 때	1 Chare	- 2 lon	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/87
A Paragraph of the state of the	22d. PHYSICIAN'S NAME	(TYPE-OR PRINT)	22e ADDRESS	1.	1/0/11-
A PART OF THE PART	Anne	E. GREEN	18. JOHNS H	OPKINS HOSPITA	AC
5 5 5 1 3 K	23a BURIAL, CREMATION, REM		23c. NAME OF CEMETERY OR CREMATORY	y 23d. LOCATION	
8P	BURTAL	7/27/87	PARKWOOD	BALTIMORE	MD STATE
	24 FUNERAL DIRECTOR IMU			ATE RECID. BY REGISTRAR 256 RECOS	
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME SCUTING	rehms Lane	Balto. Md. 21213	UL 44 1987 gulla	Mry and Company
,		T CITIED TIGHT			

		1.	FOR			EPARTME	STATE OF	MARYLAN		GIENE				40
	\	11-	STATE REGISTRAR				AMINER'S				REG.	NO (1	)	1
612	13 and 3	1. DE	CEASED NAM			MIDDLE		LAST		20 DA	TE KNOWN	X MONTH	DAY YEAR	26 HOUR
012	A STATION S	J U		T4. RACE	GEORGE_	F.	YEAKET.	INDED I VO. I				□ 7-24-	87 <sub>19</sub>	٨
	DIRECTOR PORTS	3 35	MALE	W	DATE OF BIRTH	96	91 YRS.	UNDER 1 YR.	HOURS M	AIN. PRONC	ATE DUNCED EAD	7-24-		8:43
•	POR PORT	FC	IRTHPLACE (S DREIGN COUNTRY)	MD	76. CITIZEN OF WH	AT COUNTRY	MA	RRIED X NEV	ER MARRIED		TIMORE CITY	OR COUNTY	OF DEATH	
	PAGE 3	1	altimor		11 NAME OF HOSE (IF NOT IN SUCH FACE 1319	ILITY, GIVE STREET	IG HOME, OR O	THER INSTITUT		OR MOST OF	CUPATION (	TYPE OF WORK 12	OR INDUST	JSINESS RY
1201	ANY DE	USU			E OR OTHER INSTITUTION, GIV	134. CITY OR	RE ADMISSION)	13d. INSIDE CIT	TY LIMITS? 13			N STREE	T 212	202
RE, MD. 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 F	ATHER'S NAME	UNKNOW	MIDDLE N	LAST	MURE	/	R'S MAIDEN		MIDDLE	N SIKE	LAST	.02
W W	PARE PARE PARE PARE PARE PARE PARE PARE	16a. \	WAS DECEASE	DEVER IN U.S. A	RMED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORM	TANT		ADDRE	SS		
BALTIMORE	B. GIVE P. WITH FO T. PAGES DIVISION		NO	(# 123, 011	TO WAR ON DATES!	212-0	7-6278	MARG	ARET Y	'EAKEL	1319 H	ILLMAN	STREET	No.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOUR DRD "PENDING" IN PENCIL IN ITEM 18. "EHIEF MEDICAL EXAMINER ALCONG W LUSED AS A BURIAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RAAL, CREMATION, OR REMOVAL.	CERTIFICATION	gave ricause (a lying cau	ns, if any, whic ise to immediat ) stating the <u>under</u> use last.	th (b)  DUE TO, OR A  (c)  WS CONTRIBUTING TO DEATH B	AS A CONSEG AS A CONSEG UT NOT RELATED T	UENCE OF	ASE OR CONDITION	GIVEN IN PART T				20 AUTOPSY	2
IAI	TO TO COM	FIC.											YES	NO [X
IVISION OF V	G THE WOOLD BE ARTMENT OF TO BE	MEDICAL CERT	UNDERLYING CONTRIBUTII	AL CAUSE WAS  OR  OR  OCCURRED  NOT WHILE	P.M.	MONTH DA	Y YEAR 19	HOW INJURY ( OCATION STREET	OCCURRED (	ENTER NATURE O		B PART 1 OR PART 2	2)	STATE
•	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PR		AT WORK	fy that I taak cho	rge of the remains desc ural couses X	ribed above, h	eld an Auto	DIPSY Homicia TITLE (SP. ASS)			monner	DATE		
	AGE 4 SE O FUNER. FTER DEA		EXAMINER'S (TYPE OR PRI	NT)	Mario F					ll Penr	n Stree			
07/84 25M	BP	(:	SPECIEVY	RIAL	7/29/87	-	OF CEMETERY	ON		LANSD	OWNE	COUNTY	MÖ	ATE
23/11	DHMH - 17 (VR A15 ME (5))				/H 1101 E.	NORTH	AVE.	2	JOE RES	D BY REGIS	RAR 256 REC	GISTRAR'S SIG	NATURE	4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR BEASED NAME REGANO. 20. DATE KNOWN TYPE OR PRINT OF ESTI-DEATH MATED 24 19 87 , 2, AND 3 TO THE FUNERAL DIRECTOR.
1.3. RETAIN PAGE 5 FOR YOUR FILES.
2 SHOULD BE FILED, WITHIN 72 HOURS.
ALL RECORDS, 201 W-PRESTON STREET, Lacev Young MONTH 3 SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. JIE UNDER 24 HRS DAY 2d HOUR DATE OF BIRTH 2c. DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 8:58 26 1987 DEAD W 9 7 OYRS DM BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED VIDOWED | DIVORCED FOREIGN COUNTRY WIDOWED Baltimore City W . VF . 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Spring Ct. SECURITY GUARD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 270 SPRING MD BALTO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-ITANSIT PERMIT. PAGES 1 AND 2 SHERE DEATH, WITH THE STATE DEPRETIMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VINEBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO - 1954 236-18-1954 Officer Lamont West - B.P.D. 1939 YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION Head & Abdom. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 71a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK & Abdomen Head 220. I certify that I taak charge of the remains described above, held an Inspection death resulted fram: Natural causes Accident Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL 7-27-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn St., Balto. Md. 21201 (TYPE OR PRINT) ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 07/B4 PEMOVAL. 24. FUNERAL DIRECTOR 7-31-87 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 25M DHMH - 17 (VR A15 ME (5)) State Anatomy Board Balto

attending physician and

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

061383

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1	-	STATE
		REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87	20	3	22
REG. NO.	0		

.1		REGISTRAR				CEKIII	ICATE OF DEATH	1	S REC	. NO.	0			
3	) 8	PASED NAME	TYE		MIDDLE		OUNG	20	JUNE	H MONTH	1987		26 HOU	. 52p
	F. SE	EMALE		4. RACE BLACE	ζ	S. DATE O		AR	AGE (IN YEARS LA	YI	MONTHS		IF UNDER	24 HRS MIN. 48
2	(	RTHPLACE (STATE ORI		U.S.A		MARRIE		D D	BALTIMORE CIT	MORE	CITY			MD.
5	В	ALTIMORE	/	UOHN	HOPKIN	^MOSP	OR OTHER INSTITUTION IN THE PROPERTY IN THE PR		USUAL OCCUI			KIND OF DUSTRY	F BUSINE	SS OR
4	13a. S MA	AL RESIDENCE (IF NURS STATE RYLAND ATHER'S NAME	13b. COUI	1TY	BALTIMO	/N	13d. INSIDE CITY LIM YES TO NO [		STREET ADDRE	Lex	ingt	on_s	St.	212
8		KEVIN		WIDDLE	YOUNG		PAULETT	E	MIDD	L€	RUS	SELI	Ĺ	
	6a V	VAS DECEASED EVER			166 SOCIAL SECL	JRITY NO.	17 INFORMANT		A	DRESS				
	(	YES, NO OR UNKNOWN)	(IF YES, GI	E WAR OR DATES)	Soula		PAULET'	TE R	USSELL	(S	AME)			
	NOIL		mediate ng the lost.	(b)	R AS A CONSEQUI EX TO ONSEQUI DITRIBUTING TO	Pre ENCE OF	Maturite NOT RELATED TO TH					331		000
2	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	INCE	F YES, WERE ERTIFYING ( YES []			H?
9	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOT IFY MEDI 21d. INJURY OCCUR	CAUSE OF DE CALEXAMINE RED	P. PLACE	M. MONTH D.	19	211 LOCATION STREET	OCCURRED		OR TOWN		PART 2)	5	TATE
	ζ,	WHITE NOT WE AT WO TO ALL WORK AT WORK AT WO TO ALL WO T	(this hosp ye or under did no		Eyle	5 + , 01	DEGREE  ATTEND PHYSIC  22e ADDRESS 6	ING I	MEDICAL DIRECTOR PH WOLFE	STAFF .	22	rom the control of th		ve)ost
	23a. B	BURIAL CREMATION	REMOVAL ION	7-1 - 8			EMETERY OR CREMA HOPKINS		23d LOCATION	TMOR	E MAT	YLA	ND 5	TATE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL (SPECIF CREMATION

24 FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY
JOHNS HOPKINS

BALTIMORE MARYLAND STATE

29 1987

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Adia Tridon Rudale

requires that the death certificate be executed

059658

tely filled in by the funeral director, page 3 should be filed within 72 hours after death

pro

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the diffending physician and cashould be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING retained by the hospital or att

BP.

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEATH	d Aso No	2/	0 5	2 5
	CEASED NAME FIRST	MIDDLE	LA	\$1	28 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
11176	Joan	na Veronica	Yu	has	///	3/47		19 40
3. SEX	X	4 RACE	5. DATE OF		4. AGE THEYEAR LEST BRY		UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	Nov.	22,1921 YEAR	65	VRS.	JATA DATS	MIN MIN
M BIR	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9. BALTIMORE CITY OF Baltimor			۸
	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	F WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINESS O
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CC		ore	13d INSIDE CITY LIMITS? YES A NO	13e.STREET ADDRESS / 5408 Mayv		renue a	21206
	THER'S NAME Henry	Mojtas LAST		15. MOTHER'S MAIDEN NA	WIDDLE		ısniak	ī
	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)  16b. SOCIAL SEC.  216-12-		Mr. Michael	K. Yuhas Sr		ne	
	Conditions, if any, which gove rise to immediate		MAGE	CAPOIAC	- OESCAR.	<b>v</b> .		
FICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	OMANO DEATH BUT N	O O COMO	INAL DISEASE OR COND	20b. IF YES, VINCERTIFYI	WERE FINDING CAUSES	GS USED OF DEATH?
ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQ  (c) CONTRIBUTING TO	OMANO DEATH BUT N	O (S C) ON ON OT RELATED TO THE TERM	INAL DISEASE OR COND  20e AUTOPSY?  YES NO H	20b. IF YES, VINCERTIFYI	WERE FINDING CAUSES	GS USED
ICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	DEATH BUT N	O (S CVA) O NOT RELATED TO THE TERM I WAS PERFORMED  21c. HOW INJURY OCCUR!	INAL DISEASE OR COND  20e AUTOPSY?  YES NO H	20b. IF YES, VINCERTIFYI	WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	DEATH BUT N  CH OPERATION  DAY YEAR  19	O (S C) ON ON OT RELATED TO THE TERM	INAL DISEASE OR COND  20e AUTOPSY?  YES NO H	206. IF YES, IN CERTIFYI YES 14 IN ITEM 18 PAR	WERE FINDING CAUSES	GS USED OF DEATH?
	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d, INJURY OCCURRED  WHILE NOT WHILE AT MORE  WHILE NOT WHILE AT MORE  THE LEETING HOT WHILE OF THE COURT OF TH	DUE TO, OR AS A CONSEQ  (c)  17 CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  Sepitol), ottended the deceased from	DEATH BUT N  CH OPERATION  DAY YEAR  19  E FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	206. IF YES, IN CERTIFYI YES IN TEM IB PAR	WERE FINDING CAUSES  T 1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d, INJURY OCCURRED  WHILE NOT WHILE AT MORE  WHILE NOT WHILE AT MORE  THE LEETING HOT WHILE OF THE COURT OF TH	DUE TO, OR AS A CONSEQ  (c)  IT CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  19b. CONDI	DEFARM, ELC.)	PEGREE  O CS CVIS CONTROL OF THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  51REE1  19  d that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, VINCERTIFYI YES IY IN ITEM IS PAR	WERE FINDING CAUSES  T 1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO   STATE that (I) (we) la
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPETHER NOTICE MEDICAL EXAMM 21d. INJURY OCCURRED WHILE AT WORD AND WHILE AND	DUE TO, OR AS A CONSEQ  (c)  TO CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  25pitol) ottended the deceased from on 19 not) view the body ofter death.	DEFARM, ELC.)	PEGREE  O CS CVIS CONTROL OF THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  51REE1  19  d that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW  MEDICAL STAF	20b. IF YES, VINCERTIFYI YES IY IN ITEM IS PAR	COUNTY	IGS USED OF DEATH? NO   STATE that (II (we) lo
WEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED WHILE ALL WASH  21d. INJURY OCCURRED TO WHILE ALL WORLD ALL	DUE TO, OR AS A CONSEQ  (c) CONTRIBUTIONS CONTRIBUTIONS TO CONDITIONS CONTRIBUTIONS TO CONTRIBUTION FOR WHICE  19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  19b. CONTRIBUTION FOR WHICE  19c. CONTRIBUTION FOR WHICE  19b. CONTRIBUTION FOR WHICE  19c. CONTRIBUTION FOR WHICE  19c. CONTRIBUTION FOR WHICE  19b. CONDITION FOR WHICE  19c.	DEATH BUT N  CH OPERATION  DAY YEAR  19  E. FARM. ETC.)	NOT RELATED TO THE TERM WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  . 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW  MEDICAL STAF	20b. IF YES, INCERTIFYIT YES IT IN ITEM IS PAR WIN THE OND HOUSE	COUNTY	IGS USED OF DEATH? NO

DHMH - 16 60M 7/B4 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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Loonard J. Buck Inc. Belliamed, Larghand

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18	FOR STATE REGISTRAR			DEPARTA	CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	& REST	VO.	20	32
	CEASED NAME EORPRINT)	Theres			ZACHA		July 2		7	
3 SE	x Female		RACE Whit		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
	RTHPLACE (STATE OR COUNTRY)  Maryland		CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Baltimo	OR COUNTY		-
10 C	Baltimor		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET Hudson S	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Sales			
	AL RESIDENCE (IF NUR STATE Maryland	136 COUNTY		GIVE RESIDENCE BEFORE 13c CITY OR TOWI Balti	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3828 Hud	/ ZIP CODE son St	reet	2122
14 F/	ATHER'S NAME FIRST Michael	MIE	DOLE	Myszkows	ki	15. MOTHER'S MAIDEN N.  Maryanne	MIDDLE		BieÎ	kowski
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES GIVE W		220-05-		17 INFORMANT Richard Zai	rchko 3828	Hudson		21224
	Conditions, if any gave rise to im cause to, state underlying couse	mediate ng the	DUE TO, OI	RAS A CONSEQUE  RAS A CONSEQUE  COONSEQUE	NCE OF	loters Die	sean.	100		
NO	PART 2 OTHER SIG	NIFICANT CO	nditions <u>cc</u>	INTRIBUTING TO D	DEATH BUT	NOT REALED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 1	a
CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO		WERE FINDI	
MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEATH	21b. TIME O HOUR A.I P.I	m. Month da m.	Y YEAR	21c. HOW INJURY OCCUP				
ME	AT WORK AT WO		(AT HOME STR	EET FACTORY, OFFICE, FA	ARM ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
	22a.1 certify that (I saw the deceas above, (1) (we) (	ed alive on_		19	, 01	nd that in (my) (our) opiniar	, ta, ta			that (1) (we) I causes stated
	22b. SIGNATURE	certe	0	L	5	DEGREE ATTENDING OPHYSICIAN	MEDICAL STA	AFF CIAN []	7/2	SIGNED

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

whar MD -236 DATE

7-31-87

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

STATE

24 FUNERAL DIRECTOR

St. Stanislaus Duda-Ruck FuneralogHome of Dundalk

Baltimore Maryland

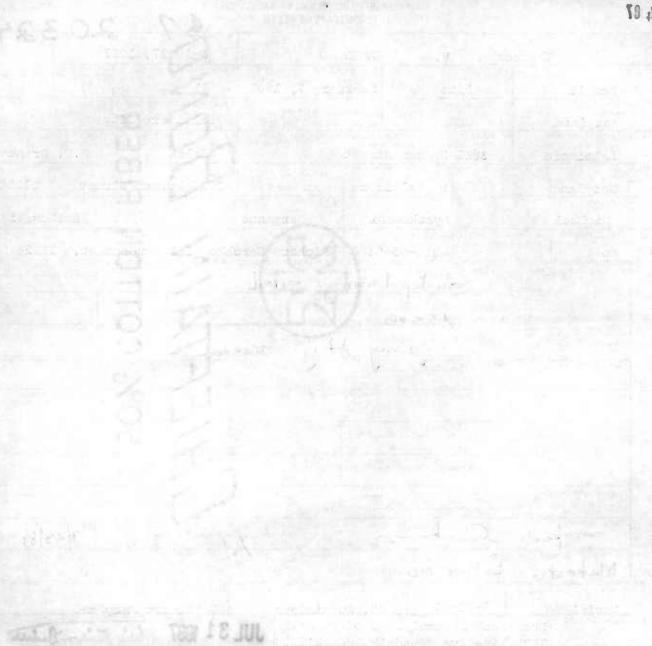
250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

7922 Wise Ave. Dundalk, MD 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIPE abuld be detact IMPORTANT:

BP.



1-	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	0 7	REG. NO.	0	3	9 5	-
L DE	CEASED NAME	FIRST	- 1	MIDDLE	L	AST	20 DATE OF DE		DAY	YEAR	2b HOUR	R
ALVE	OR PRINT)	Rose			Zag	ganas	July 1	5, 1987	7		5:35	R
3. SE	X		4 RACE	1. 1. 1. 1. 1	5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 2	24 HPS
	Female		Whi	te	Ju	ne 28, 1902	85	Y	RS.	DATS	HOURS	MIN.
7a 81	RTHPLACE (STATE OF F	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	0	D NEVER MARRIED	BALTIMORE O		INTY OF D	EATH		MD
10. CI	TY OR TOWN OF DEA Baltimore	ATH		HOSPITAL, NURSIN HFACILITY, GIVE STREET .and Gene:		or other institution ospital	12a USUAL OCC TYPE OF WORK FOR House		NG LIFE) 12b	. KIND C DUSTRY	OF BUSINES	SSOR
USU/ 13a. S	AL RESIDENCE (IF NURS STATE Maryland	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Baltimo	N	13d. INSIDE CITY LIMITS? YES IN	13 STREET ADD	eress / zip c	LODE	utto 201	n PP1	Lace
14. FA	THER'S NAME William		MIDDLE	Groh		15. MOTHER'S MAIDEN NA PIRST Dorothy	M	IDDLE		Gold	steir.	1
16a V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	o film			
4,	YES NO OR UNKNOWN)	(IF YES GI	VE WAR OR DATES)	212-70-8	862	George Zaga	nas 523	Idlew	ild R	d. 2	21014	
NOI	The second second	, which mediate ag the lost.	DUE TO, O	R AS A CONSEQUE CONGESTIVE R AS A CONSEQUE OFT Pleuro DITRIBUTING TO D	ENCE OF ENCE OF al Ef:	ory Failure  rt Failure, C.  fusions and D.  NOTRELATED TO THE TERM  enal Failure	iabetes i	Mellita R CONDITION	us			mia
ICAT	19a DATE OF OPERA					N WAS PERFORMED	20e AUTOPS	Y? 20b. 1	F YES, WER ERTIFYING			
RTIF						1			YES		№ □	
MEDICAL CERTIFICATION	21d. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR! WHILE AT WORK	CAUSE OF DE	HOUR A. R) P 21e PLACE	M. MONTH DA M.	19	21c. HOW INJURY OCCUR		OF INJURY IN ITE		OUNTY	ST	TATE
	22a.t certify that Xi saw the decease above, Xi (we) (c	(this hosp	itol) ottended the		July 87 , on	15,, 19 <u>87</u> and that in (Xy) (our) opinion	to Jul death occurred or			from the		
	22b. SIGNATURE	lav	imp			DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN 2	/	7 ·	SIGNED	87
	C. Rav.		M.D.			c/o Maryla	nd Gener	al Hos	pital			
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		cour	NTY	SI	TATE
	Burial		7-18-	87 G	reek	Cemetery		timore	Mar	vlar	nd	
24 Ft	JNERAL DIRECTOR					25e. DA1	TE REC'D. BY REGI	STRAR 256 RE	GISTRAR'S	SIGNAT	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then privil the State Dept of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR. After this certificate has been

MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Md.

16 1987

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The rook section 15-1-1

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 

MEDICAL	EXAMINER'S CERTIFICATE OF DE	ATH	REG. NO	3	2	0	
WIDDLE	LAST	2a. DATE	KNOWN	MONTH	DAY	YEAR	2h HOUR
A.	ZERA	DEATH	MATED 🔀	7	28	1987	M
IRTH DAY YEAR O 25	6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS.	PRONOU		MONTH	DAY	YEAR	12:30

REGISTRAR	MED	CALLAMIN	LK 2 CF	KIIIICAIL	The DET	VIII N	EG. NO	V	(iria		
T DECEASED NAME FIRST		WIDDLE	LAS	JT	9	20. DATE KNOV		HTMOM	DAY	YEAR	26 HOUR
EDWARD		Α.	ZER	A		OF EST	ED 🔀	7	28	987	M
3 SEX 4. RACE	5. DATE OF BIRTH	6 AGE (IN YE				2c. DATE	,	MONTH	DAY	YEAR	2d HOUR
MALE WHITE	9 10	25 61 Y		DAYS HOURS	MIN,	PRONOUNCED DEAD		8	3	1987	12:3
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	NEVER MARR	RIED X	9. BALTIMORE	ITY OR	COUNT	Y OF DE	HTA	
N.Y.	U.S.A.		WIDOWED	DIVOR	CED 🗆	Baltim					MD
Baltimore	(IF NOT IN SUCH FACI	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) Saratoga St		INSTITUTION	FOR A	JAL OCCUPATIO MOST OF WORKING LII ISTODIAN		500	Balt	INDUSTI	RY
USUAL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSE	ON)		1				Dair		300
Maryland 136. COUN	TY	Baltimor		d. Inside city limits? Yes 🔀 💮 No 🗌		W. Sara	atoga	a St	reet	: 2:	1201
14. FATHER'S NAME	MIDDLE	LAST	15	MOTHER'S MAID	EN NAME	MIDDLE			14	AST	
Valentine	MIDDLE	Zera		Hele	ena			73.	411	107	tutws
160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO. 17	. INFORMANT		ADI	DŖESS		-		34.5
NO		092-18-94	35	Wanda Ver	ri 2	26 Bury	Dr.	N.Y	. 1	3209	)
18 CAUSE OF DEATH (Enter an	ly ane cause per line fo	ar (a), (b), and (c).)			134					ROXIMATE	INTERVAL
Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PARI 2 OTHER SIGNIFICANT CONDITIONS  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS	ONTRIBUTING TO DEATH BU	S A CONSEQUENCE ( IT HOT RELATED TO THE TERM ON FOR WHICH OPER	IINAL OISEASE OI		ART 1 (g)	ŪA				JTOPSY?	NO 🔀
210 EXTERNAL CAUSE WAS	216. TIME OF I	NJURY	21c. HOW	/ INJURY OCCURRI	ED LENTER P	NATURE OF INJURY IN	ITEM 18 PAR	T 1 OR PAR		.5 🗆	140 12
UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	8						d.		
216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		FINJURY (AT HOME, RY, FARM, ETC.)	21f. LOCA STRE			CITY OR TOWN		COL	UNTY	3.4	STATE
22a I certify that I taak charg			Autapsy	, Inspection		Inquiry .	and ii	n <b>my</b> ap	inian		
ACTUAL SIGNATURE	DY		M.D.	Deputy (	Chief	ICAL EXAMINER		DATE		-4-8	37
EXAMINER'S NAME Ann	M. Dixon,	M.D.	AD	DRESS 111	Penn	St., Ba	lto.	, M	D 2	1201	
23a. BURIAL, CREMATION, REMOVAL 2	3b. DATE	23c NAME OF CEA	METERY OR C	REMATORY	23d. LO	OCATION OR TOWN		COUN	MTY	ST	ATE
Cremation 74 FUNERAL DIRECTOR	8/6/87	Security	y Proc	ess Crem.	. Ca	tonsvill	e P		imor		id.

07/84 BP. 25M

(VR A15 ME (5))

**DHMH - 17** 

Hubbard Funeral Home, "The. 4107 Wilkens Ave.

AUG 0 7

AUG 0 7 3082

the death certificate be executed within 24 hours after

completely filled in by the funeral director, page 3

other traumatic event, the medica remove carbon papers. Pages attending physician

STATE OF MARYLAND

8	ÆG. N	10.	2	0	3	2	1
ATE OF	DEATH	MONTH	1.1	DAY	YEAR	26 HOUR	•

2	187 STATE REGISTRAR		CERTIFICATE OF DEAT	8 REG. NO. 2	0327
	DECEASED NAME FIRST TYPE OR PRINT) George	e F. Zi	el <b>inskí</b>	July 16, 198	87 8:15 <sup>A</sup>
	Male	4. RACE White	5. DATE OF BIRTH  Feb. 22,19	6. AGE (IN YEARS LAST BIRTHDAY) 23 64 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, Md.	U. S. A.	MARRIED MEVER MARRIE	Baltimore City or Coun	
- 114	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION OF STREET	120 USUAL OCCUPATION (Shorwork formost of working Lir	126 KIND OF BUSINESS OR INDUSTRY OPErDist
	SUAL RESIDENCE (IF NURSING HOME OF BIRD STATE Ma. 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY		AITS? 130 STREET ADDRESS / ZIP CO	åc Street.212
	FATHER'S NAME FIRST  James W.	Zielinski	15 MOTHER'S MAIL  PIRST  Dora	WIDDLE	Szydlowski
16	WAS DECEASED EVER IN U.S. AF		11 6	fe: Mary Anna Zi Potomac St.; Balt	elinski o.,Md. 21224
F	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUEI  (b) WETH THE  DUE TO, OR AS A CONSEQUEI  (c) CONDITIONS CONTRIBUTING TO D	NCE OF	Cell Concorner	6 MG
	Hypers 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
		ATH HOUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM IS	3 PART I ORPART 2)
Name of the Party	THE STHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ľ	saw the deceased alive ar	ital) attended the deceased from	ond that in (my) (our)	ppinion death occurred on the date and hi	, 19, that 😘 (we) last our and from the couses stated
	774 SIGNATURE 2	1-	DEGREE ATTENE PHYSIC		22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE	or PRINT) V Scarin	27e ADDRESS		
L	io. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	7/20/87 Ho	AME OF CEMETERY OR CREMA	em. Garden- Bali	to., Maryland
24	FUNERAL DIRECTOR John		Funeral Hom	254 DATE REC'D. BY REGISTRAR 256 REGI	

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial-transit permits with the State Dept. of Health and Mental Hygrefe priMPORTANT: If Item 21 is marked or Item 18 show's as

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has

TO HOSPITAL

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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
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4		DE FERST	FIRST	^	AIDDLE	_ t	AST	20 DATE OF DEATH	MONTH DAT	YE AR	2b HOU	R
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П				1	٥.		10101	1 105		UI	1-0	M
И	1.5E)	-	14	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS	MIN.
Ц		EM.	ALE	W	HITE	AUC		7-9	YRS.	5475		444145
d	Ju BII	RTHPLACE (STATE OR	topsich 71	CITIZEN OF			3. 5-11101	9 BALTIMORE CITY O		EDEATH		
Н	C. CI	OUNTRY)	POREIGN	J. CITIZEIN OF	WIINI COOL	MARRIEI	NEVER MARRIED	O II	7	DEATT		
4	-	RYLAND		USA		WIDOWE		Balt- a	ty			MD.
У	10 CI	TY OR TOWN OF DE	ATH 1			URSING HOME C STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATI	ON ,	126 KIND C		
	P	Balt. atm	1	Sir		SIREET ADDRESS)		PIANDIST	· WORKING EILE	I WADOSIK'I	MUSIC	2
-	USUA	AL RESIDENCE HE NUR	ING HOME OR O			REFORE ADMISSIONS			•		-	
И	13a. S		13b. COUNT		13c. CITY OF		13d. INSIDE CITY LIMITS?	138.538608 CROS	ZIP CODE		22.005	,
2	2	MARYLAND	BA	LTO.	BALT	O.	YES NO X	3608 CRO	COON 75	D. #	21207	/
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME				
Ö		FWSF		DDLE	LAS		FIRST	MIDDLE		LAS	T	
-		NATHAI	V	S	TULMAN	J	REBECCA		SI	LVERS	TEIN	
v		VAS DECEASED EVER			16b. SOCIAL	SECURITY NO.	17. INFORMANT	LEONARD ST	II.MAN	APT	r. G	-1-1
L	(1)	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-0	1-2302	2 CUDATOMETE			231, 3	. 0	
9		140			2100	1 2100	2 TENTMILL	LA.	21208			
П		18 CAUSE OF DEAT	H (Enter only	one cause per	line far (a), (	b1, and (51.1				BETWEEN	MATE INTER	DEATH
Н		PART I, DEATH W	IMMEDIATE		0	sustole	/					
1			MMEDIAIL	CA03E (0)		1						
П				DUE TO, OI		SEQUENCE OF	LD.					
Ш		Conditions, if ony		(b)	Ca	rais me	opalty					
7		gove rise to important		1 2115 70 01		CEOUENICE OF	1					
ч		underlying couse		DUE 10, 01	RAS A CON	SEQUENCE OF						
				( (c)								
١	4	PART 2 OTHER SIGI	NIFICANT CO	ONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	0	
3	CERTIFICATION											
Ħ	AT	90. DATE OF OPERA	TION	19b CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USE	D
П	8							1	IN CERTIFYII	NG CAUSES	OF DEAT	TH?
-	E							YES NO	YES		NO [	
3	8	21a. ACCIDENT WAS UN		216. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART	I OR PART 21		
4	2	OR CONTRIBUTING		,	M. MONTI							
ы	9	(IF EITHER, NOTIFY MEDI		P./		19						
	MEDICAL	218 INJURY OCCUR	RED	21e. PLACE (		OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	5	STATE
	~	NOI WI	HILE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		22a.1 certify that (1)	(this hasnita	l) attended the	e deceased	ram	, 19	to			that (I) (s	we \ last
		saw the deceas		ny arrended me	c decedies		d that in (my) (aur) apinion					
		abave, (1) (we) (	did) (did nat)	view the bady	after death.	_17, Gr	a mar in (my) (dor) apimon	deom accurred on me ac	ne and naur a	na tram the	couses sin	atea
		226. SIGNATURE	44	1.			DEGREE			22c. DATE	SIGNED	_
		Kul 1	A M	ash,	07	^	ATTENDING PHYSICIAN [	MEDICAL STAF		17	10	107
										/	1 4	
_		224 DHYSICIANIS NI	A AAE ATURE OR	9 7 0				_ DWEELOW [ ] IIII OIG	IAN 🗾	1	19	07
		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS	] Divide Low [7] Lineage	IAN 🗹	1 / -	19	07
		228 PHYSICIAN'S N	AME (TYPE OR	tiner			22e ADDRESS			21215	19	0 7
	77.0	PICK A	Mar	tiner		Tas NAME OF C	22e ADDRESS STNAT HOSP	BALTO.,	MD	21215	19	0 7
	23a B	22d, PHYSICIAN'S N.  PICK A  URIAL, CREMATION, SPECIFY BURIAL	Mar	Tiner 23b. DATE JUL 21	1087		22e ADDRESS		MD	21215	19	O 7

(VRA 15, 4)

TO FUNERAL DRECTOR, A should be deteched for use with the Stote Dept of Heal MPORTANT, If hem 21 is

TO HOSPITAL:

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO DDRESS MD

21215

250 DAG EC 2 BARE GEST REGISTRATE SET NATURAL COM

2010

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires

retained by the haspital or ottending physician.

059293

It is death certificate be executed within 24 hours offer death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

\$7 NO. 203	29
AFOI DEATH MONTH 2 DAY O YEAR	26. HOUR
JULY 9, 1987	1114

AR 256 REGISTRAR'S SIGNATURE

	STATE REGISTRAR			CERTIFI	CATE OF DEATH	8	REG. NO.	0327		
	ECEASED NAME E OR PRINT)	ALICE	J. Z	ZUBRT	NTOO	20 DATE OF DE	- Com	AY VEAR 26. HOUR		
3. SE		4. RACE	0. 2	5. DATE O		6. AGE (IN YEARS		IF UNDER 1 YEAR IF UNDER 24		
	Female		White		Jan. 9°, 1923°		YRS	ONTHS DAYS HOURS M		
	IRTHPLACE (STATE OR P		76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City			
B	altimore	Chi	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI Church Hospital		HOME OR OTHER INSTITUTION		12a USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) HOUSEWLTE 11D KIND OF E INDUSTRY HOME			
USU. 13a. S	STATE Maryland	136 COUNTY Baltimore	ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Middle	Rive			eycomb Rd	. 21220		
14. FA	ATHER'S NAME FIRST Edward	ard Boring	Boring		15. MOTHER'S MAIDEN NAME Blanche McDowell		LAST			
	WAS DECEASED EVER	IN U.S. ARMED FORCES			George Zubr		39°Honeyc Baltimore	omb Rd. . Md. 21220		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one cause of			ATHY-END ST	AGE		APPROXIMATE INTERVAL BETWEEN ONSET AND DE		
	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	which (b), mediate and the DUE TO.	OR AS A CONSEQUE	CLER	OTIC CARDIC	VASCUL	AR DISEASE	years		
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  RENAL FAILURE. CHRONIC OBSTRUCTIVE PULLMONARY DISEASE.									
ō		FATLIIPE			דוום שוודתייוום	MONIADV				
TIFICATION	19a DATE OF OPERA		NDITION FOR WHICH			200 AUTOPS	Y2 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH		
CAL CERTIFICATION		TION 196 CON DERLYING 216, TIME CAUSE OF DEATH		OPERATION		200 AUTOPS YES N	Y? 20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED YING CAUSES OF DEATH		
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDION OF THE NOTHY MEDION OF THE NOTHY AT WORK AT WORK AT WAS AT WAT WAS AT W	DERLYING 21b. TIME CAUSE OF DEATH (CALEXAMINER) RED 21e PLAC (AT HOME.	OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  STREET FACTORY, OFFICE, F.	AY YEAR 19	211. LOCATION SIREET	200 AUTOPS YES N RED (ENTER NATURE	Y? 20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED YING CAUSES OF DEATH		
2	21g. ACCIDENT WAS UNE OR CONTRIBUTING CHE ETHER NOTHY MEDIT AT WORK NOT WHAT WORK  22g. I certify that (I) sow the decess obove, (II) (we) (I)	DERLYING 216, TIME CAUSE OF DEATH (CALEXAMINER) RED 21e PLAC (AT HOME. RE (AT HOME. RE (AT HOME.	E OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, OFFICE, F.	AY YEAR 19 PARM, ETC) JUNE 87, on	21c. HOW INJURY OCCURI	200 AUTOPS  YES N  RED (ENTER NATURE)  C	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA	WERE FINDINGS USED ING CAUSES OF DEATH  NO NO COUNTY STA		
2	21g. ACCIDENT WAS UNION OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONT	DERLYING   21b. TIME CAUSE OF DEATH (CAL EXAMINER) RED   21e PLAC (AT HOME. (Ithis hospitol) attended ed alive on JULY did) (did not) view the bo	E OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, OFFICE, F.	AY YEAR 19 PARM, ETC) JUNE 87, on	21c. HOW INJURY OCCURION SIREET  8 , 19 8 d that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN [	200 AUTOPS  YES N  RED (ENTER NATURE)  C  T. 10 U  deoth occurred o	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA	WERE FINDINGS USED (ING CAUSES OF DEATH		
2	21g. ACCIDENT WAS UNION CONTRIBUTING CONTRIB	DERLYING   21b. TIME CAUSE OF DEATH (CAL EXAMINER) RED   21e PLAC (AT HOME. (Ithis hospitol) attended ed alive on JULY did) (did not) view the bo	NOTION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET FACTORY, OFFICE, F.  the deceosed from 9 19 dy ofter deoth.	AY YEAR 19 FARM, ETC.)  JUNE 87, one	211. LOCATION SIREET  8 , 19 8 d that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN [	200 AUTOPS  YES N  RED (ENTER NATURE  C  T. to JU  deoth occurred o  MEDICAL  DIRECTOR U  URCH HO	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA  ITY OR TOWN  JLY 9 In the date and hour  PHYSICIAN D  SPITAL	CORPORATIO		

1407 Old Eastern Ave

250 DATE REC'D

BP.

24. FUNE CORRESPON

Funeral

Borne PA

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burnal, cremation, ar removal.

(VRA 15, 4)

DHMH - 16 60M 7/84

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